

Fenestrated Endovascular Stent Grafts in the treatment of Abdominal Aortic Aneurysms

Surgical Services Directorate Vascular Unit
Information for Patients and Carers



University Hospitals of Leicester

NHS Trust



Caring at its best

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1 What is an Abdominal Aortic Aneurysm?

The main artery (aorta) in your tummy (abdomen) has stretched and weakened causing it to bulge. This bulge is called an aneurysm. Aneurysms are most commonly a result of the accumulation of fatty deposits on the vessel wall but can also be related to trauma or they can be hereditary.

2 Why have you been offered this operation?

Over time, the pressure of blood can cause the aneurysm to grow and expand. If it grows beyond 5.5cm in diameter it may need treatment to prevent it from bursting.

3 What does the operation involve?

Your doctor has decided that your aneurysm may be suitable to be treated by keyhole (endovascular) surgery. This is a relatively new method of treatment which is a less invasive and a less disruptive operation. The long term outcomes of this surgery are not yet known.

Fenestrated grafts were introduced into clinical practice in 1997. Fenestrated stents allow patients to have surgery even if they are unsuitable for standard endovascular aneurysm repair (EVAR) and are considered very high risk for open repair.

The design of these stents preserves the blood supply to organs including the kidneys and bowel. Each stent graft is tailor-made for an individual patient.

The operation is carried out through two small incisions (cuts) in the groins. A stent graft, which is a woven polyester tube covered by a tubular metal framework, is placed inside the aneurysm. It is put into place using guide wires and inflation balloons.

3 What does the operation involve? (continued)

Once in place, the stent graft excludes the aneurysm (the bulge) and provides a new pathway for blood to flow through, thereby reducing the risk of rupture.

4 What are the risks?

Your consultant will have discussed the operation fully with you, including the risks involved in this type of surgery. These include:

Blood clots leading to circulatory problems

Sometimes a blood clot can become dislodged during the procedure. This can lead to the disruption of the circulation to the legs which may require further surgery. In some cases you may be left with leg/buttock pain on walking. This may improve over a period of months but may be permanent. During the course of your elective aneurysm repair, the blood supply to your kidneys and bowel may fall below normal levels. This is because the arteries supplying blood to the kidneys and bowel lie very close to the aneurysm. For most patients, this is a temporary event, causing no long term problems. Very rarely, however, the fall in blood supply may be sufficient enough to require you to need post-operative dialysis (to support your kidneys) or further surgery (which could include removal of a segment of bowel). Please be assured that these are very rare problems following elective aneurysm surgery and your surgical and nursing team will do everything possible to avoid this from happening.

Wound infection

All operations carry a small risk of infection. The antibiotics you are given during your operation prevent most infections.

4 What are the risks? (continued)

Unfortunately there are some infections (such as MRSA) that affect patients in hospitals and these can be very difficult to treat with antibiotics. Very occasionally these infections can involve the plastic graft that is put into the artery to repair it.

Leakage around the graft (Endoleak)

Occasionally, the stent graft may slip from its position, allowing blood flow around the stent graft and into the aneurysm. Some of these leaks will seal spontaneously. Others may require further treatment.

Sexual dysfunction

Some patients experience reduced sensations, men may experience absent ejaculation or poor erection following this procedure.

Conversion to open repair

Rarely, there can be technical difficulties which may require that your surgery is converted to an open repair. This the traditional way of repairing aneurysms and would involve a cut across the abdomen to repair the aneurysm.

5 Before your operation

You will be asked to attend a hospital clinic for a pre-admission assessment about two weeks before your operation, to have the tests required to ensure that you are fit for your surgery.

These tests will include blood tests, X-rays and an ECG. It will also be necessary to take some swabs (using a cotton bud) from your nose and skin to identify any existing MRSA infection before your operation (see separate information leaflet).

5 Before your operation (continued)

In order to reduce the risk of MRSA, all patients, regardless of their MRSA status, will be given an antibacterial nasal cream and a shower gel to wash with.

This appointment could take up to half a day. Please bring all your current medications with you.

You may also be asked to attend the hospital for an anaesthetic assessment.

6 Coming into hospital

You will receive a letter telling you which hospital and which ward you will be admitted to.

Again, please bring with you all the medicines you are currently taking. You will usually be admitted to the ward the day before your operation. On admission one of the nurses will check your personal details and give you an identity wristband. The surgeon who will be performing the operation and the anaesthetist will visit you.

IF YOU ARE ON ASPIRIN DO NOT STOP TAKING YOUR USUAL DOSE.

7 What should I bring in with me?

You should bring:

- All your usual medication
- Nightwear and slippers
- Toiletries
- Towel
- A small amount of money.

7 What should I bring in with me? (continued)

Whatever you bring into hospital with you is your responsibility and the trust accepts no responsibility for any items lost or broken during your stay.

8 No Smoking Policy

Smoking is not allowed in any hospital building. There are smoking shelters for patients and visitors outside the hospital and staff will be able to direct you to the nearest one.

9 Mobile phones

The use of mobile phones is restricted in some areas. Please check with the nurse in charge before you use your phone.

10 Ward visiting times

Please check with the ward you are admitted to about visiting times.

11 The operation

You will be prepared and escorted to theatre by a nurse. You will be taken to the anaesthetic room where you will be given your anaesthetic and then into theatre.

While you are asleep tubes will be inserted:

- into your bladder to drain your urine
- into your neck for blood pressure measurements and administration of fluids

12 After the operation

You may be nursed in one of the high dependency areas for a short while before returning to the ward. You will be given all the fluids that you need via a drip, until you are able to take fluids by mouth again.

The nurses and doctors will try to keep you free from pain by giving painkillers either by injection or by a machine which you are able to control yourself by pressing a button. Once you are able to drink, painkillers will be given by mouth.

Once your condition is stable, you will return to the ward. In the following days and as you improve, the various tubes will be removed. The physiotherapist will visit you before and after your operation. They will help you with breathing exercises to prevent you developing a chest infection. They will also assist with your mobility.

13 Going home

Wounds

Your stitches or staples will either dissolve or be removed, usually 10 to 14 days after your operation. If you still have stitches when you go home, your ward nurse will arrange for a district nurse to remove them at home. It is quite normal to have some bruising. If you have increasing redness, swelling or discharge from the wound, you should contact your GP for advice.

Discomfort

It is quite normal to experience discomfort and itching around your wound site as part of the healing process. You will usually be given a supply of painkillers to take home with you. If this is not effective then contact your GP.

13 Going home (continued)

Diet

After you are discharged, you should be able to eat normally, but lightly for the first week or two. There is no reason why you should not enjoy a moderate intake of alcohol, unless it affects any medication you are taking.

Bathing

Once your wound is dry you can bathe or shower as normal.

Smoking

If you were a smoker before the operation **you should never smoke again**. If you would like help to give up smoking please telephone:

Resolution on 0116 225 2828 or STOP on 0116 295 4141.

Driving

You will be safe to drive when you can perform an emergency stop without causing you any pain. This will normally be at least four weeks after your surgery but if in doubt check with your GP. If you require further advice on driving regulations or you drive for a living, please contact the DVLA.

Exercise

Getting back to your normal lifestyle will be a gradual process. If you feel tired, then rest. Your strength will return and you will eventually make a full recovery from the operation, but it may take 3 to 6 months.

Sex

You may resume sexual activity when your wounds are fully healed. This usually takes about four to six weeks. If you have any concerns please contact your GP.

13 Going home (continued)

Work

If you work, you should be able to return to work within about one to three months of your operation. The time you need away from work will depend on the job you do. If you need a sick note please ask for one before you go home.

14 Outpatients follow up

This procedure requires lifelong follow up. Initially, you will be given an outpatient appointment for 1 month after you are discharged. It will then be necessary to see you at 3, 6 and 12 monthly intervals. These appointments will involve an ultrasound scan at your clinic visit. You will then be monitored annually, when in addition to the scan you will have blood tests, an x-ray and a CT scan.

If at any time after discharge you are concerned about any symptom or problem you should normally contact your GP. Alternatively you can contact:

Leicester Royal Infirmary
Ward 21

0116 258 5429 or 0116 258 6571

Nurse Specialist

0116 258 5440

15 Important information

As with Cardiac Surgery, information about adverse outcomes following Vascular Surgical operations (eg deaths/major complications) are submitted to a national database in order to ensure that we are providing safe and effective care and that we (as a Unit) are accountable to our patients and also comply with National Quality Standards. If you undergo an operation to repair your aortic aneurysm, we would normally submit data relating to your operation to this database. Any data we submit about your operation is maintained in a secure computerised database and we hope that you are happy for this to happen. However, if you have any objection to us submitting data to the National Vascular Database, please phone the Vascular Unit on either 0116 258 7768 or 0116 258 6136 and we will ensure that this does not happen.

Your questions

If you would like this information in another language or format, please contact the Service Equality Manager on 0116 258 8295

ਆਪਨਿ ਯਦਿ ਐ ਲਿਫਲੇਟੋਰ ਅਨੁਵਾਦ - ਲਿਖਿਤ ਭਾ ਅਡਿਓ ਟੇਪ'ਐ ਚਾਨ, ਤਾਹਲੇ ਅਨੁਗ੍ਰਹ ਕਰੇ ਸਾਰ੍ਵਿਸ਼ ਇਕੁਆਲਿਟੀ ਮਿਆਨੇਜ਼ਰ ਡੇਭ ਬੇਕਾਰ'ਐਰ ਸਾਥੇ 0116 258 8295 ਨਾਂਬਾਰੇ ਸ਼ੋਗਾਂਸ਼ੋਗ ਕਰਨ ।

यदि आप को इस लीफ़्लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैब बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 258 8295 पर सम्पर्क कीजिए ।

ਜੇ ਤਮਨੇ ਆ ਪਤ੍ਰਿਕਾਨੂੰ ਭੇਜਿਤ ਅਥਵਾ ਟੇਪ ਉਪਰ ਆਖਾਂਤਰ ਜੇਹੰਨੂੰ ਭੋਖ ਨੇ ਮਫੇਰਆਨੀ ਕਰੀ ਤੇਐ ਭੇਕਰ, ਸਰਵਿਸ ਏਕੁਆਲਿਟੀ ਮੈਨੇਜਰਨੋ 0116 258 8295 ਉਪਰ ਸੰਪਰਕ ਕਰੋ.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xirii, Maamulaha Adeegga Sinaanta 0116 258 8295.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੈਬ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 258 8295 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 8295 telefonundan ulaşabilirsiniz.