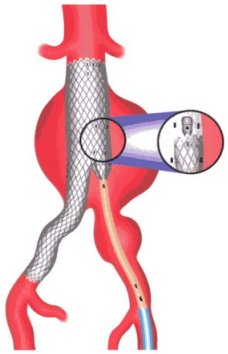
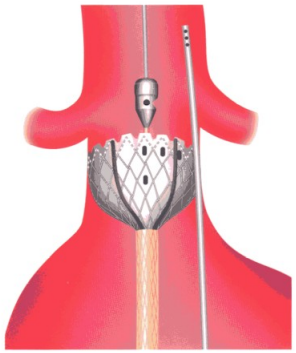
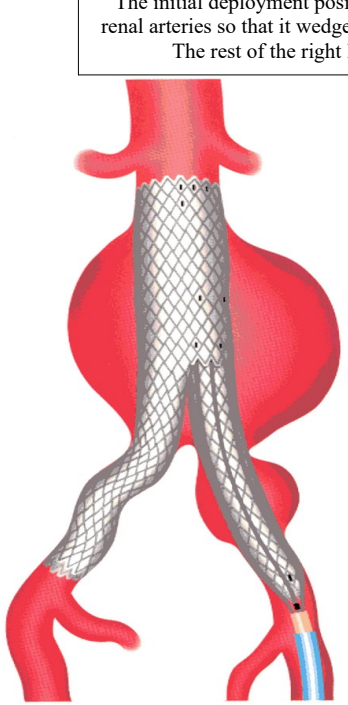
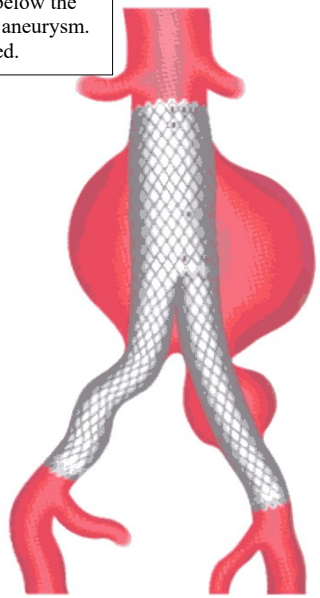




The initial deployment positions the stent just below the renal arteries so that it wedges in the neck of the aneurysm. The rest of the right limb is then deployed.





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Next the deployment of the left limb and the final position of the stent graft with the aneurysm excluded from the circulation.

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Abdominal Aortic Aneurysm Repair Using A Stent Graft

What is an Aortic Aneurysm?

The aorta is a big artery carrying blood from your heart to your legs. It runs deep in your tummy down to the level of your navel. There it branches into the 2 arteries, which run to your legs. Sometimes the aorta forms a blowout like a balloon (an aneurysm). This is dangerous because the aneurysm can leak or burst, causing fatal internal bleeding. The aneurysm needs to be replaced with a new artery.

What does the procedure consist of?

The stent graft is a self-expanding metallic device lined by a tough plastic fabric. It comes in two components: One is introduced through the groin via the iliac artery (the main artery going to the leg) and the top end placed into the aorta above the aneurysm. The bottom end sits in the iliac artery below the aneurysm. The other has to be introduced through the opposite groin and made to interlock with the first component in the middle of the aneurysm. One vertical cut is made in each groin but it is not necessary to open the abdomen. X-rays are continuously used during the procedure so that the device can be accurately placed. Once expanded the stent graft occupies the entire channel of the aorta or iliac artery and thus only allows blood to pass through the stent graft and not around it to fill the aneurysm. The blood in the aneurysm around the stent graft simply clots and stays there forever. Without any blood flowing in the aneurysm it cannot burst.

WHAT HAPPENS BEFORE THE OPERATION?

Reception
When registering at reception your medical aid details will be required. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward
You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done, such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The operation will have been explained by the surgeon and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist
The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had. He will put up a drip to give you fluid directly into your vein before the operation as you will not be able to drink for 12 hours.

Diet
You will have your usual diet until the evening before the operation after which you will be asked to take only fluids. You will be given a laxative to drink to help to empty your bowel before the operation. From 6 hours before the operation you will not be allowed anything by mouth. This will let your stomach empty to prevent vomiting during your operation.

Shaving
You will be shaved from chest to thighs to prevent hairs affecting the wound. You will be washed with an antiseptic solution to kill the skin germs in the vicinity of the cut.

Timing of the operation
The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Bladder catheters
Patients usually have a fine rubber tube passed into the bladder through the front passage during the anaesthetic. This lets the bladder stay empty and small during the operation and helps us control your body fluids afterwards.

Transfer to theatre

You will be taken on a trolley to the operating suite by the ward staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating room where your anaesthetic will begin.

What happens after the operation?
You may be nursed in a high care ward after the operation but you will be able to eat and drink as soon as you are awake. You will have a drip in your arm and a catheter in your bladder. There may be a drainage tube in the groin wounds to suck up any residual fluid that may accumulate in the wound. These will usually be removed on the following day.

Will it hurt?
The wounds may be painful and you will be given painkillers to control this.
You will be expected to get up and walk one day after the procedure. You will not do the wound any harm.

How long in hospital?
Most patients are discharged 48-72 hours after the operation.

Driving
Usually about 2 weeks after the operation, however as soon as you can drive safely.

Complications
These are uncommon. A fever for a few days is normal. The reason for this is uncertain but it is never serious. Occasionally clots can form in the stent graft and require surgical removal. Chest infections can arise, particularly in smokers. Fluid can drain out of the groin wound for a few days. Occasionally bleeding in the wound may cause a haematoma. These usually reabsorb on their own but occasionally need a further operation to drain them.

The most serious problem is an "endoleak". This means that there is still some blood flowing through the aneurysm itself. Most endoleaks noted at the time of the operation or soon afterwards will seal on their own. Occasionally a further stent has to be inserted at a later date if the endoleak does not seal.
Follow-up A scan will be done before discharge to check that the stent graft is working well and that there is no endoleak. Further scans are required every three months for the first year and annually thereafter but these will all be arranged for you.

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