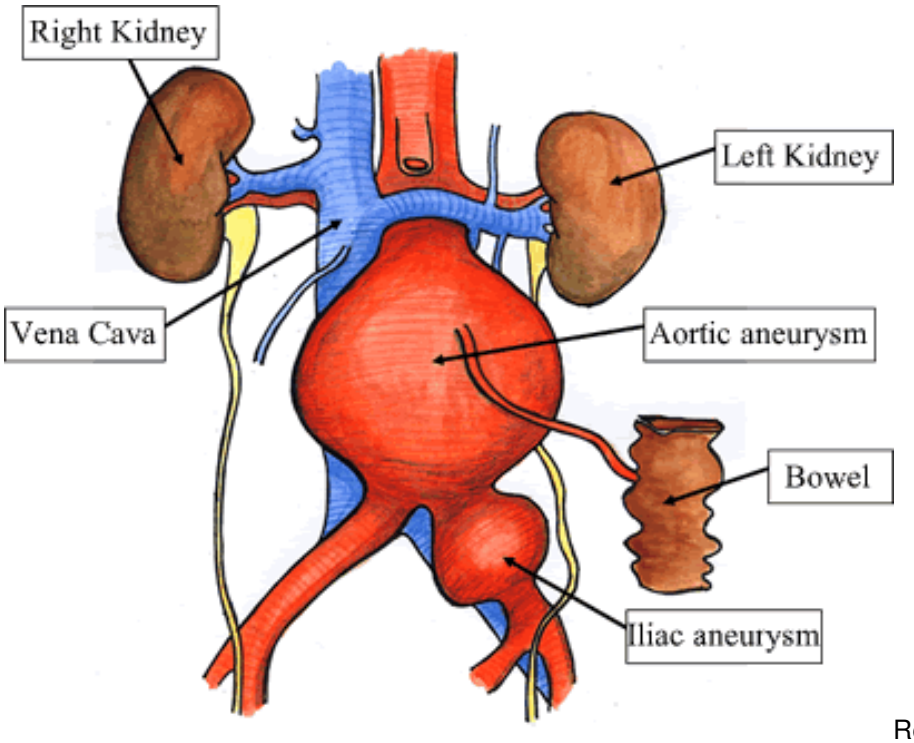
Abdominal aortic aneurysm repair

What is an aneurysm?

An aneurysm results from a weakened artery which stretches or balloons out. This makes it more likely to burst. The larger the aneurysm, the more likely it is to burst. The most common artery to be affected is the aorta. This is the main artery in your abdomen and supplies blood to most of your organs and your legs. A normal size for your aorta is 1.6-2.2cm wide. If your aneurysm is less than 5.5 cm wide, it is safer to leave it alone than operate. If the aneurysm is more than this, the risk of rupture is greater and it is usually worthwhile having the operation. Aneurysms are more common in men over 65. About 1 in 10 men in this age group will have some enlargement of the abdominal aorta. 1 in 100 men will have a larger aneurysm that requires surgery.



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Is there any alternative treatment?

Unfortunately there are no drug treatments which will strengthen the aneurysm. However there are some things you can do to help your general health.

If you smoke you must give up. Most people with aortic aneurysms have arteriosclerosis (hardening of the arteries) in other blood vessels, even if they are not aware of this. Smoking will cause further damage to these arteries and it will also increase the risk to you during surgery.

Reducing weight and a low fat diet and regular exercise will also help to keep you and your arteries healthy. It will also decrease the risk to you during surgery.

A daily dose of aspirin, or an alternative, will make your blood less sticky.

How is one detected?

An aneurysm is often found by chance when you are being investigated for another problem. Sometimes they can be felt and occasionally you may feel something pulsating in your abdomen.

An ultrasound examination can detect the presence of an aneurysm and the size. This is a simple test where a lubricated probe is placed on the skin of the abdomen.

As the aneurysm stretches it may cause back or stomach pain. Sometimes this is when an aneurysm is first discovered.

If your aneurysm is less than 5.5cm you will be monitored with regular scans to see if it is growing.

Once it is found to be bigger than 5.5cm it is worthwhile having the operation. However it is a big operation which comes with associated risks so this is an individual decision which you must discuss with your family and surgeon.

What happens before the operation?

You will normally be admitted the day before your planned operation. The doctors and anaesthetist will assess you and discuss the plan. You should have already had various investigations such as blood tests, chest x-ray and a heart tracing, as well as a scan of your heart called an echo cardiogram and some tests to see what your lung function is like.

On admission it is a good opportunity to ask any questions you may have and discuss any fears.

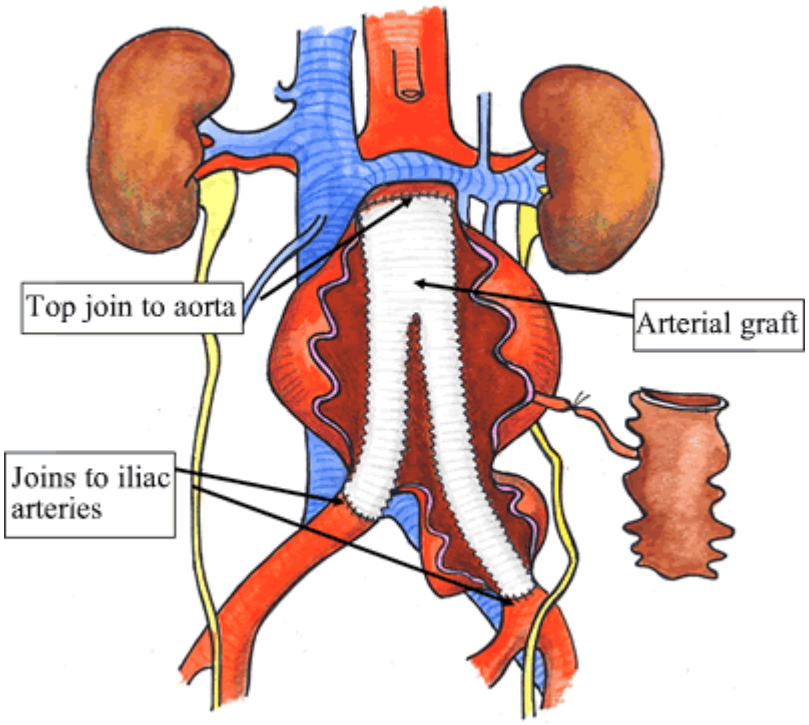
You will be told when to stop eating and drinking and you may be asked to shave the site of surgery.

What happens during the operation?

You will be taken first to the anaesthetic room where you will be given the anaesthetic and then taken into theatre. As well as being put to sleep, you will have a small plastic tube (epidural) inserted into your back. This will help with pain relief following the operation.

You will also have tubes inserted into your bladder to drain your urine (catheter) and into your stomach (via your nose) to stop you feeling sick. You will have intravenous drips inserted into your arm to give you fluid and for blood pressure recordings.

The surgeon will make a cut down your abdomen. The aorta will be replaced by an artificial blood vessel made of strong flexible plastic, known as Dacron.



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The wound will be closed with either sutures or metal clips.

What happens after the operation?

After the operation you will be taken to the high dependency or intensive care unit so that your progress can be monitored closely. You might be on a ventilator for a short time but will be taken off as soon as possible. You will return to the ward approximately 48 hours after your surgery but everyone is different and some people may need to stay longer.

Nursing and medical staff will monitor your condition carefully. We will carry out observations of temperature, pulse and blood pressure. You will have a heart monitor in place for a few days. Your wounds and the circulation in your legs will be checked regularly. This is to ensure that you are recovering safely.

You will have an intravenous drip for a few days. This is because your digestive system stops working after this type of operation. You will build up your fluids and diet very slowly as directed by the surgeon. In the meantime you will have the tube in your nose, this helps 'rest' the bowel. If you are diabetic your blood sugars will be monitored and medication may be given intravenously.

You will have an oxygen mask for several days. The physiotherapists will visit and help you with deep breathing and coughing exercises. This is to help prevent a chest infection.

You will be given painkillers either by injection, via a tube in your back, (epidural) or by a machine you control by yourself by pressing a button. As you get better you will change to painkilling tablets.

You will probably stay in bed for up to 4 or 5 days. When you are ready a physiotherapist will help you with your mobility.

The catheter will be removed when you are eating and drinking and more mobile.

What are the risks?

There is a small risk of a major complication such as a heart attack, stroke, kidney failure, bowel failure or major respiratory problems. Your condition will be monitored closely in order to try and prevent this, or to treat it rapidly if it does occur.

As with any major operation, you may develop a chest infection. This is more likely if you smoke. It may need treatment with antibiotics and physiotherapy.

Occasionally, the bowel is slower than usual to get working again. It usually resolves itself but you may need laxatives or an enema.

Occasionally you may get a wound infection which can be treated with antibiotics.

In a small amount of cases the graft may become infected or blocked. This is serious and may lead to a further operation. Your surgeon can give you more specific information on the risks of this happening.

What happens when I go home?

By the time you go home your wound should have healed and any sutures or clips removed. If not, then we will arrange for a district nurse to visit you.

You will feel tired for several weeks after the operation. Activity should be built up slowly and make sure you get plenty of rest. Avoid strenuous activity for about 6 weeks.

If you still work you should be able to return to work between six to twelve weeks after the operation, depending on your job. Your surgeon can discuss this with you in more detail.

You are safe to drive when you can perform an emergency stop. This is normal in about 4 weeks but if in doubt ask your doctor. Avoid long distances and motorway driving to begin with.

You may resume sexual activity after a few weeks if you feel happy to do so. This operation can affect sexual activity in men due to the nerves in the tummy being cut. If you are having difficulties, contact your doctor, who can refer you to the appropriate specialist doctor.

As soon as your wound is dry you can bathe or shower, even if you still have clips/stitches.

This information is only intended as a guide. Everyone is different and treatment and recovery may vary from one person to the next.