

Your EVAR at TGH

A patient and family guide to Endovascular Aneurysm Repair (EVAR) at Toronto General Hospital

This guide gives you important information about:

- Your aneurysm and its repair
- What to expect before, during and after surgery
- What you can do to have a healthy recovery
- Your need for follow-up care

Your name:
Your Vascular Surgeon:
Your Pre-Admission visit date:
Date of your EVAR procedure:

We welcome your questions at any time.

Please tell us your needs and preferences, so that we can better care for you and your family. Our goal is to make your 'journey' as smooth as possible.

This booklet is for information only.
It does not replace the advice of your surgeon and health care team.



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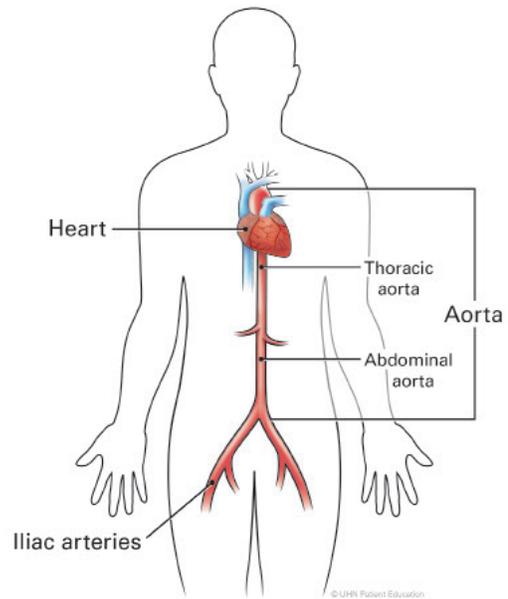
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Aortic aneurysms

What is the aorta?

The aorta is the largest blood vessel in your body (about 2 cm wide). The aorta carries oxygen-rich blood from your heart to all parts of your body.

- Your aorta runs through your chest and abdomen. The part in your chest is called the thoracic aorta. The part in your abdomen is called the abdominal aorta.
- In your lower abdomen, the aorta splits into two smaller blood vessels (iliac arteries) that carry blood to your legs.

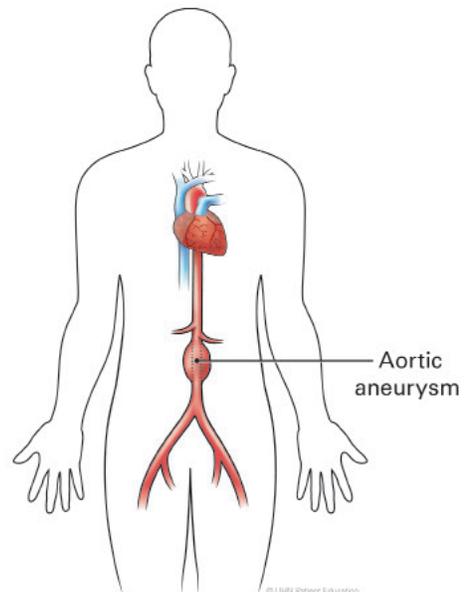


What is an aortic aneurysm?

An aneurysm is a bulge, or balloon-like swelling, on the wall of a blood vessel. When this is found on the aorta, it is called an aortic aneurysm.

An aneurysm is diagnosed when the aorta widens by more than 3 cm. Aneurysms are most commonly the result of degenerative aortic disease.

Most people do not know that they have an aneurysm. Aortic aneurysms are called 'silent' because they rarely cause any symptoms until they rupture. Most are found during tests (such as ultrasound, CT scan or MRI) that are done for other reasons.



We recommend that your close relatives be tested for aneurysms.

Aneurysms are named based on their location in your body:

- If the aortic aneurysm is in your chest, it is called a **Thoracic Aortic Aneurysm (TAA)**.
- If the aortic aneurysm is in your abdomen, it is called an **Abdominal Aortic Aneurysm (AAA)**.
- If the aortic aneurysm begins in your chest and continues into your abdomen, it is called a **Thoraco-Abdominal Aortic Aneurysm (TAAA)**.
- If the aortic aneurysm is in iliac arteries it is called an **Iliac Aortic Aneurysm**.

Why is an aortic aneurysm dangerous?

An aortic aneurysm can be dangerous because the walls of the aorta may get so weak or thin that they burst (rupture) and bleed. A ruptured aneurysm causes serious internal bleeding, which can cause death quickly without proper treatment.

If your aneurysm ruptures, you will have one or both of these symptoms:

- New and persistent pain in your chest, back, abdomen, or groins
- Feeling dizzy or faint

As you wait for EVAR surgery:



- If you have either of these symptoms, call 911 or go to your nearest hospital Emergency Room.
- Avoid strenuous activities such as heavy lifting.

Factors that can increase your chance of developing an aneurysm:

- Smoking (now or in the past)
- Getting older
- High blood pressure (hypertension)
- Having a connective tissue disorder such as Marfan's syndrome
- Injury (trauma)
- Other members of your family have had an aneurysm

Aneurysms are most common in men and older adults.

When is an aortic aneurysm treated?

Aneurysms usually widen or 'grow' slowly, about 2 to 4 mm a year. When the abdominal aorta reaches a certain size (5.5 cm in men or 5.0 cm in women) your surgeon may recommend surgery to repair the aneurysm.

Aneurysms that grow quickly (over 1 cm in a year) are more likely to rupture and may need to be repaired sooner.

Your surgeon may have recommended Endovascular Aneurysm Repair (EVAR) to treat your aneurysm, after carefully considering:

- your age and health
- the size, shape and location of your aneurysm

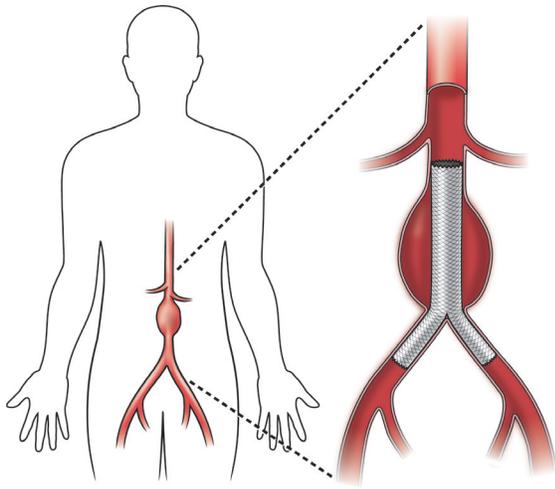
Endovascular Aneurysm Repair (EVAR)

EVAR is a less invasive way to manage your aneurysm.

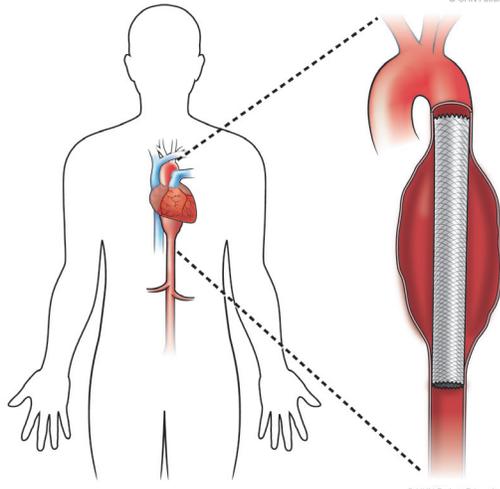
A device called a stent graft is put into your aorta to seal off the aneurysm from the inside.

Endo means 'inside'
Vascular refers to blood vessels

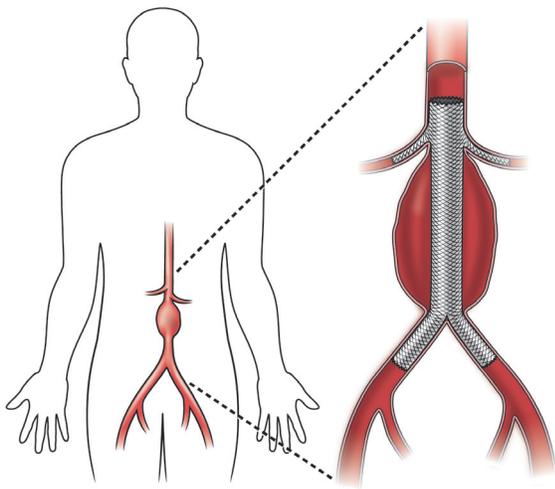
There are 3 types of endovascular repair. The type you have will depend on the location and nature of your aneurysm:



EVAR (Endovascular aneurysm repair) is repair of an abdominal aortic aneurysm and/or iliac aortic aneurysm.



TEVAR (Thoracic endovascular aneurysm repair) is repair of a thoracic aneurysm.



Advanced EVAR requires repair of a thoracoabdominal aortic aneurysm, or one close to the kidney arteries, often using a custom-made graft with branches or openings (fenestrations) to re-attach important arteries of the thoracic and/or the abdominal aorta.

Facts about Endovascular Stent Grafts

- A stent graft is a flexible metal structure, covered by a durable fabric such as Dacron.
- The stent graft seals off the aneurysm from the inside.
- With the stent graft in place, blood flows through the graft and does not press against the weakened walls of the aorta, preventing the aneurysm from rupturing.
- Stent grafts can be regular (off the shelf) or custom-made for your body. It takes 3 to 4 months to make a custom stent graft.
- A stent graft does not have enough metal to set off a metal detector.
- The stent graft does not expire and your body will not reject it.

How is EVAR done?

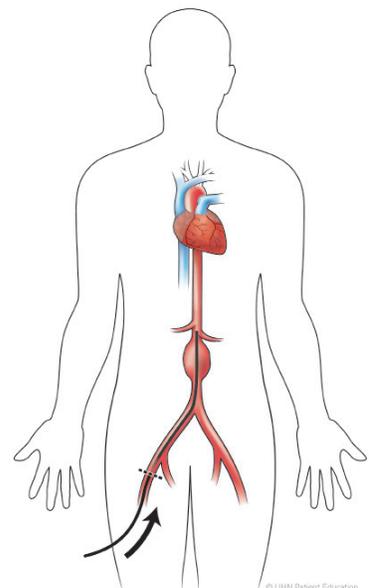
EVAR is done through the blood vessels in your groin (femoral arteries). To get to the arteries, your surgeon may make:

- small incisions (5 to 7 cm) in both groins – open access
- small punctures or holes in both groins – percutaneous
- small incision in the chest, or upper arm if you need a custom-made graft

The surgeon inserts long wires and catheters (thin plastic tubes) into the arteries, up into your aorta to the aneurysm. X-ray images guide the surgeon in placing the stent graft in the correct location between two healthy portions of the aorta.

When the correct position is confirmed, the stent graft is expanded and held in place by small hooks. The stent graft seals off the aneurysm. At the end of surgery, dye is added to the blood to confirm the location and to make sure there are no leaks around the stent graft.

In time, the aneurysm 'sac' should shrink around the graft.





To watch EVAR videos:

- Go to www.youtube.com and enter 'Building a Better Endograft'.

How long will I be in hospital?

The usual hospital stay is overnight. How long you stay will depend on the type of graft you need, your overall health and how quickly you recover.



What type of anesthetic may be used?

EVAR can be done with different types of anesthetic. An anesthetic is a medication that reduces or prevents pain. Before surgery, you will meet with a doctor (Anesthesiologist) to discuss which anesthetic is best for you.

Types of anesthetic

A general anesthetic affects your whole body. It makes you sleep during surgery and feel nothing. When you are asleep, the doctor will insert a breathing tube in your throat.

A local anesthetic numbs a small part of the body. The doctor injects the numbing medication in your groin area. You will also be given medication to help you relax and stay calm during you surgery. You will be awake during surgery but feel no pain.

Is there another way to repair an aneurysm?

Yes, for some patients the best choice for treatment is an **Open aneurysm repair**. This is major surgery requiring a general anesthetic.

During an open repair, the surgical team:

- makes an incision in the abdomen
- stops the blood flow through the aorta
- opens the section of the aorta affected by the aneurysm
- sews a durable, fabric tube (graft) into place, connecting the healthy ends of the aorta

The average hospital stay for an open repair is 6 to 8 days. The total recovery time varies from 6 to 12 weeks.

What are the risks and possible complications with EVAR?

As with any surgery, there are some risks associated with endovascular surgery. Your surgeon will discuss:

- The general risks associated with surgery. These risks are considered to be lower compared to open repair.
- The specific risks relating to your body, age, current health, and past health problems.

The chart below lists some of these risks. If you have any questions or concerns, please talk with your surgeon.

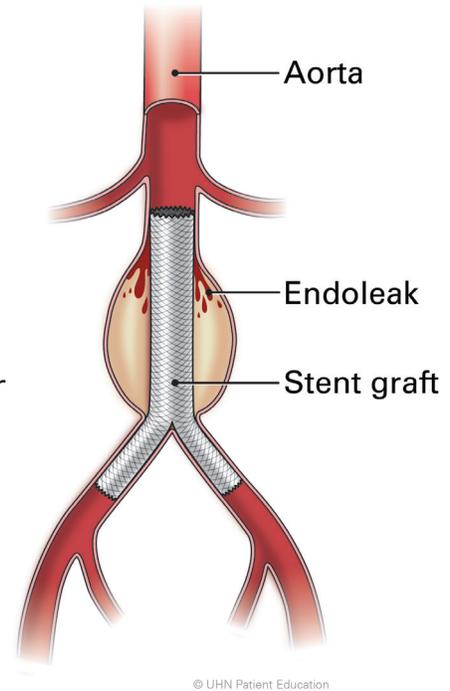
Risks and possible complications	
Related to surgery in general	Related to EVAR
<ul style="list-style-type: none"> • heart attack • stroke • kidney failure • wound infection • bleeding • spinal cord damage (paralysis) • bowel ischemia • death 	<ul style="list-style-type: none"> • endoflow (blood flowing around the outside of the stent graft) • injury to arteries in your legs • movement of the stent graft away from the correct position • separation of the parts of the stent graft • infections of the stent graft • blocking of the stent graft

What is endoflow?

Endoflow refers to blood flowing into the aneurysm sac around the outside of the stent graft. This could be blood from branch arteries, the attachments sites or other places in the aneurysm sac.

Endoflow occurs in 10 to 30% of EVAR surgeries. They occur more often in the first few years after surgery, but can occur at any time.

There are no symptoms of endoflow, so you won't know if or when it develops. It can be found and evaluated with ultrasound and/or CT and MRI scans. When the endoflow is minimal, it doesn't usually need any treatment, just monitoring. If the endoflow results in further aneurysm growth there are different treatments available. Your surgeon will talk to you about this.



It is very important that you have regular follow-up scans to check for endoflow, and changes in Abdominal Aortic Aneurysm (AAA).

Your Pre-Admission Clinic visit

You will need to visit the **Pre-Admission Clinic** unless you are going to be admitted to the hospital before your surgery.



Your pre-admission visit could be scheduled up to 3 weeks before your surgery day.

This visit may take 3 or more hours, depending on your needs.

A family member or friend is welcome to come with you.

The Pre-Admission Clinic is located at Toronto General Hospital, 200 Elizabeth Street, ground floor, Room 400 Eaton Building (Eaton entrance).

If you cannot come to this visit, call 416 340 4800 ext. 3529 to reschedule. You cannot have surgery without a pre-admission visit.

What to bring to your pre-admission visit:

- Health card (OHIP)
- Extended health insurance information, if you have it
- Contact information for your family doctor and pharmacy
- Your 'History and Physical' form, filled out by your family doctor
- All the medications you take in their original containers. This includes prescription medications, over-the-counter medicines, vitamins, supplements and herbal or 'natural' products.
- This booklet

The purpose of your pre-admission visit is to:

Gather the information needed to proceed with your surgery. You will meet:

- A nurse who does an in-depth health assessment and gives you instructions for your surgery. This includes exercises to keep your lungs clear and prevent blood clots in your legs.
- An anesthesiologist to talk about what medication will be used to prevent pain during your surgery.
- A pharmacist to discuss your medications.
- The EVAR coordinator who will provide you with health education.



Preparing for your surgery

Make plans for coming home after surgery

Planning ahead will make it easier to come home and start your recovery. Here are some things you can do ahead of time.

- **Make arrangements ahead of time for someone to take you home.**
- You will not be allowed to go home by yourself after your surgery.
- If you live alone, plan for someone to stay and help you for at least a couple of days.
- Get groceries and banking done a few days before surgery.
- Freeze some meals that will be easy to reheat.



To learn more about surgery at UHN:

Go to www.youtube.com and enter in the search bar 'UHN my surgery playlist'.

Quit smoking

- Smoking irritates your lungs and can lead to breathing problems after surgery. If you smoke, try to quit. If you cannot quit, try to smoke less.
- TGH offers free support to quit smoking. Call our outpatient pharmacy at 416 340 Q-U-I-T (4075).

Make arrangements for out-of-town family

- For a list of places to stay near the hospital, visit www.uhn.ca and click on 'Patients and Families', 'Patient Services' and 'Accommodations and places to stay'. Some places offer a discounted 'hospital rate'.
- For more help, call Social Work services at **416 340 4800, ext. 5969**.

What happens before surgery

The day before your surgery

- Do not smoke or drink alcohol for 24 hours before your surgery.
- Remove your nail polish, jewelry and any body piercings.
- Follow all instructions you were given at your pre-admission visit.
Make sure you take all medications you were told to with sips of water.



Do not eat or drink ANYTHING after midnight the night before surgery. Do not chew gum.

Your surgery may be cancelled if your stomach is not empty.

What to bring for your hospital stay

Ontario health card (OHIP) **and**

- ✓ Toiletries such as toothbrush, toothpaste, brush, razor, soap and tissues
- ✓ Moisturizer for lips and skin
- ✓ A housecoat, socks and shoes or slippers with non-slip, rubber soles
- ✓ Hearing aids, dentures and glasses in their protective cases, labelled with your name and phone number
- ✓ Walking aids such as a cane or walker, labelled with your name and phone number
- ✓ Something to read, a small amount of cash, a calling card, a cellphone and cellphone charger
- ✓ This booklet

Do not bring:

- ✗ valuables such as credit cards, large amounts of cash or jewelry
- ✗ perfume, cologne, aftershave or any scented products

The morning of your surgery

- You may take a shower. You may need to use special soap that you were given in Pre-Admission Clinic.
- If you were told to take any medications morning of your surgery, take them with small sips of water.
- Do not wear perfume, scented lotion, make-up or contact lenses.

Admission to the hospital

**Come to Toronto General Hospital at least 2 hours
before your surgery**

Check in at **Surgical Admission Unit** reception desk:

- Norman Urquhart Building, 2nd floor – Room # 310
(Munk or Eaton elevators)
- Phone: 416 340 4800 ext. 3851

You will be taken to the **Pre-Operative Care Unit (POCU)**.

- The nurse and surgical team will review your health information, and do blood tests, if needed.
- You will have intravenous (IV) lines put in your arm. The IVs will be used to give you fluids and medications, and check your blood pressure during surgery.

Your belongings will be secured in a locker and returned to you after surgery. Send all valuables home with family or friends.

Your family can stay with you in POCU until you are taken to the Operating Room. This is usually 15 to 30 minutes before your surgery time.

Your family can wait in the Surgical Waiting Room on the 3rd floor (Munk elevators) during your surgery. The Surgeon will come there to speak with your family when your surgery is over.

What happens during surgery

Your surgery will take 2 to 6 hours depending on how complicated your surgery is.

After your anesthetic is given:

- The doctor will put a breathing tube in your throat when you are asleep (only for patients who receive a general anesthetic).
- A tube may be placed in your bladder to drain and measure your urine.
- Your surgeon will make small incisions in both groins to gain access to
- your femoral arteries. In some cases, the surgeon may need to make
- other small incisions in your chest area.
- Using x-rays as a guide, the surgeon will insert the stent graft into the arteries and up to your aneurysm.
- When the stent graft is in the correct location, it expands to hold itself in place and small hooks anchor it to the walls of your aorta.
- Dye is injected into the artery to make sure the stent graft is properly attached to the walls of the aorta and that there is no endoflow.
- The surgeon will close your incisions with stitches or staples, and cover them with a dressing.



What happens after surgery

- When the surgery is over, you will be moved to the Post Anesthetic Care Unit (PACU) where you will be closely monitored for 1 to 2 hours.
- When you first wake up, you will still feel very sleepy. You may feel sick and not feel like eating for a few hours. You will be given fluids through your IV (intravenous line in your arm).

- After you have recovered you will be moved to the **Cardiovascular Intensive Care Unit (CVICU)**.
- Your nurse will closely monitor your health until you are ready to be discharged or transferred to a vascular unit.

Having visitors in CVICU

- Your family can go to the CVICU Waiting Room on the 2nd floor (close to Eaton elevators) to call the CVICU and set up a time to visit.
- Your family can visit you a few hours after your surgery. We ask that they speak with your nurse before visiting.
- In special situations, a visitor may stay in the CVICU waiting room, but we do not have space for visitors to sleep overnight.

Signs that you are ready to go home

The vascular team will see you around 8:00 am the day after your surgery and decide if you can go home. You may be ready to go home if:

- You can drink fluids and eat most of your meals.
- You can walk around the unit with your usual walking aids
- You are passing lots of urine (unless you are on dialysis)
- Your vital signs are stable and your test results are acceptable

If you are not ready to go home, you will be moved to Inpatient Unit **4A West** to continue your care.

Your nurse will:

- Stop your IV fluid and remove all IV lines, when no longer needed.
- Arrange for the EVAR Nurse Coordinator to speak with you about your recovery at home.

When you are discharged

Please have your family member or friend arrive on the unit at 10:00 am to be part of your discharge planning conversation. UHN discharge time is 11:00 am. We do not recommend using public transit to go home after surgery.

If you cannot be picked up before this time, you may be asked to wait away from your room.

What you need to take home

- ✓ **Two copies of your discharge summary letter.** Keep one for your records and give one to your family doctor.
- ✓ **EVAR graft implant card.** Keep this card with you. It has important information, such safety instructions when you have an MRI. Tell all your health care providers that you had EVAR surgery. Show them the card if needed.
- ✓ **This booklet.** Read about your recovery and follow-up care.
- ✓ **Prescription,** if needed.
- ✓ **Suture removal kit,** if needed. Your nurse will give you a kit if you have staples that need to be removed by your family doctor.



If you were given a prescription, you can pick up your new medication at our **Pharmacy (1st floor, University entrance)**

- Open Monday to Friday, 8:00 am to 6:00 pm.
- Phone 416 340 4800 ext. 3611

Your recovery at home

What you can expect

Lack of energy

- It is normal to be tired for a few days. It may take 1 to 2 weeks for your energy level to improve.
- Be patient and give your body time to heal and recover. Let your family and friends help you with your recovery.
- If you don't feel better, tell your family doctor.



Lack of appetite

- This is very common and takes a few days to improve.
- Try eating smaller, more frequent meals during the day.
- Try nutritious, drinkable meals.

Sore throat

- If you had a breathing tube, your throat may be sore. This will get better quickly. Lozenges can make it feel better.

Swelling

- Your feet, legs and genital area (testicles in men) may be swollen. This is due to the extra fluids you were given during surgery.
- It can take a few weeks for your body to get rid of this extra fluid.

Bruising

- You may have bruises around your incisions, thighs and genital area. Bruising is caused by bleeding under the skin during or right after surgery.
- Bruising may get worse when you get home, then start to get better in a few days. It may take several weeks for all the bruising to go away.

Pain

- Having some pain along your incisions is expected and can last for few weeks. For the first few days after your surgery, you may occasionally have leg pain while you are walking.
- Many patients have mild pain and do not need to take strong pain medications. Extra Strength Tylenol may be enough to control your pain.
- If you had a lot of pain in the hospital, you will be given a prescription for pain medication to control your pain while you recover at home.
- You may feel some numbness in your thighs. This is normal.

Mild fever

- You may have a mild fever (a temperature up to 38.5 °C or 100.4 °F) for up to one week after surgery. This is common and expected.
- You can take acetaminophen (Tylenol) to help lower the fever and feel more comfortable.
- Call your doctor if your fever lasts for more than 24 hours, your temperature goes above 38.5 °C (100.4 °F) or you have chills or feel unwell.

Taking care of your incisions

I

f you go home within 24 hours of surgery, you will have dressings over your incisions. Remove the dressings the next day (48 hours after your surgery). Keep your incisions dry and open to the air.

Check your incisions every day. It is normal to have a raised ridge along your incisions. Your incisions may be slightly red, swollen and painful for 2 to 3 weeks after your surgery. If you notice any changes such as new pain, redness, a lump or an increase in drainage, see your family doctor.

When you can shower

- You may shower 48 hours after your surgery.
- Do not use hot tubs, whirlpools or baths until your incisions are completely closed (usually 2 weeks).

When showering, let the soap and water run over your incisions. Pat your incisions dry with a clean towel. If there is drainage from your incisions, cover them with clean gauze right after your shower.

DO NOT scrub or use any creams or ointments on your incisions.

If you have staples	If you have stitches
<ul style="list-style-type: none">• Staples are metal clips.• Your staples should be removed by your family doctor or surgeon, 10 to 14 days after your surgery.	<ul style="list-style-type: none">• Your stitches will dissolve on their own within 4 to 6 weeks.• You can carefully remove the tapes that cover the stitches (Steristrips) after 3 to 4 days.

Taking your medications

Follow the medication instructions in your discharge summary. You can take your regular medications as usual, unless you are given other instructions. It is important to take your medications as directed, to stay healthy and keep your stent graft open.

Medications to help manage pain			
Generic name (brand name)	Most common dosage	Common use	Side Effects
Acetaminophen with caffeine and codeine (Tylenol with Codeine #2 or #3)	1 to 2 tablets by mouth, every 4 to 6 hours, as needed Do not take more than 4000 mg of acetaminophen in 24 hours.	Relieves mild to moderate pain	<ul style="list-style-type: none"> constipation nausea dizziness drowsiness
HYDROmorphone (Dilaudid)	2 to 4 mg, every 4 to 6 hours, as needed	Relieves moderate to severe pain	<ul style="list-style-type: none"> constipation nausea dizziness drowsiness
OxyCODONE (OxyIR)	5 to 10 mg, every 4 to 6 hours, as needed	Relieves moderate to severe pain	<ul style="list-style-type: none"> constipation nausea dizziness

Medications to help with constipation			
Generic name (brand name)	Most common dosage	Common use	Side Effects
Lactulose laxatives (Many different brand names)	15 to 30 ml one or two times a day, as needed	Relieves constipation by softening bowel movements, making them easier to pass	<ul style="list-style-type: none"> gas, burping loose stools (diarrhea) very bad dizziness and stomach pain
Sennosides (Sennokot)	1 to 2 tablets by mouth, at bedtime, as needed	Treats constipation (use occasionally or only for a short time)	<ul style="list-style-type: none"> stomach cramps loose stools (diarrhea) nausea
Docusate Sodium (Colace)	100 mg by mouth, one or two times a day	Softens stool, making it easier to pass	<ul style="list-style-type: none"> upset stomach

Your bladder and bowels

- It is normal to pass a lot of urine after your surgery. This is your body's way of getting rid of the extra fluids you were given during your surgery.
- You should have one bowel movement at least every 3 days. Healthy bowel movements are soft and easy to pass.
- Some pain medications can cause constipation (fewer bowel movements, or bowel movements that are hard and difficult to pass).
- To prevent constipation, drink lots of fluids (unless your doctor has told you to restrict fluids) and eat foods with lots of fibre such fruits, vegetables and whole grain breads. Prunes or prune juice can also help prevent or relieve constipation.
- If you have constipation, use a laxative such as Sennokot (see over-the-counter medications on page 22). If you need help to choose a laxative, talk with your Pharmacist.
- **Avoid excessive straining when you have a bowel movement. Use a laxative as needed.**

Your activity

Most patients regain their full energy and get back to their normal activities within 1 to 2 weeks.

- Start slowly and increase your activity gradually. Start with short walks, 2 or 3 times a day. As you feel better, gradually walk longer.
- You can climb stairs, but start slowly. Stop if you feel uncomfortable or have pain along your incisions.
- If you used to exercise regularly, resume slowly after 2 weeks.
- You can resume sexual activity within few days after surgery if you feel comfortable. Avoid positions that put strain on your incisions.
- You can ride in the car and wear a seat belt. You can drive again after 1 week if you are able to turn your neck and you are able to move your legs well enough to brake hard in an emergency.
- You may fly short distances 2 to 3 days after leaving the hospital. If you are planning a long flight, wait until your first 4 to 6 week follow-up scan and visit with your surgeon.

What you should not do:



- Do not drive a car for at least 1 week.
- Do not lift anything more than 10 lbs (4.5 kg) for at least 2 weeks.
- Do not swim or take baths until your incisions are totally healed.
- Do not do any strenuous activity that involves pulling or pushing (such as yard work) for at least 4 weeks.

Returning to work

- If your job doesn't require physical labour, you may be able to return to work in 1 to 2 weeks after surgery.
- If your job does require physical labour, you may need to wait 6 to 8 weeks before returning to work. This will depend on your overall health and your recovery. Please discuss this with your surgeon.

Eating well for recovery

You may resume your usual diet, unless you are given other instructions. You may drink alcohol about 1 week after your surgery.

A healthy diet can help your body heal and recover faster.

- Drink a lot of fluids for at least one week after your surgery (unless your doctor has told you to restrict fluids).
- Eat foods with lots of protein to repair and rebuild your body after surgery. Examples are lean meats, fish, low-fat dairy products, beans, peas and lentils.
- Eat foods with lots of fibre to keep your bowels healthy and prevent constipation. Examples are fruits, vegetables and whole grain breads.
- Eat heart-healthy foods that are low in sodium and saturated fats. This helps with healing and blood pressure control.

If you have diabetes, keeping your blood sugars in good control will help with healing.

When to get medical help

If you have new symptoms and don't know what to do, do NOT wait. Get medical advice or help if you are concerned.

Call the EVAR coordinator or your surgeons' office for general questions or advice after EVAR surgery



- Call 416 340 4800 ext. 5202

Visit your family doctor or go to a walk in clinic if you have non-urgent concerns such as:

- Leg swelling that doesn't go away
- New mild pain, redness or swelling around your incisions
- Drainage or leaking from your incision that is increasing or smells bad
- New lump around your incision site
- Diarrhea (loose stools)
- Vomiting (throwing up) and not able to eat or drink
- Chills and a fever above 38.5 °C (100.4 °F) for at least 24 hours

Call 911 or go to the hospital emergency department if you have an emergency such as:



- Numbness in your arms, feet or legs, or they become cold or painful, or you have trouble moving them
- New pain in your groin, back, chest or abdomen
- Severe pain or swelling at your incisions site
- New shortness of breath
- Feeling dizzy or faint
- You lose control of your bladder or bowels
- You are no longer able to pass urine

Your follow-up care



Your surgeon strongly recommends that you make a commitment to lifelong follow-up of your stent graft.

Your graft should be checked regularly every 6 to 12 months.

You will need lifelong monitoring to

- check the position of your stent graft
- make sure that your aneurysm remains stable or shrinks
- check for endoflow and other problems that could lead to rupturing your aneurysm, even after EVAR is done

With regular scans, problems can be identified early and may be repaired with a minor procedure as an outpatient.

If problems are not identified early or left untreated, you may need to have another surgery and face serious health problems.

Your follow-up visits

All follow-up is done by your family doctor and/or your surgeon. If you live far away, your family doctor may do all your follow-up visits.

Your family doctor is your primary health care provider once you are discharged from the hospital. The first visit with your family doctor should be 1 to 2 weeks after your discharge to check your health and how well you are recovering.

**If you need help to find a family doctor in your area:
Call Health Care Connect at 1-800-445-1822**



Important!

If you live out of town and your EVAR follow-up visit is done by your family doctor or another health care professional, **please have all the test results and images sent to your surgeon.**

Your schedule for follow-up care



Schedule

We will try to give you a schedule of all your follow-up appointments (or mail it to you) right after your discharge or clinic visit.

If you do not know your next appointment, please call your surgeon's office.

Here is a typical schedule for follow-up after EVAR. Your schedule may be different, depending on your needs. Always follow your doctor's instructions for follow-up and go to all your appointments.

Date	Tests	Reason	Doctor
1 to 2 weeks after your discharge	None	General checkup	Your family doctor
2 weeks after your surgery	None	General checkup Remove staples	Your surgeon/other health care provider
4 to 6 weeks after your surgery	Ultrasound or CT scan	Check your graft	Your surgeon/ other health care provider
6 months after your surgery	Ultrasound or CT scan	Check your graft	Your surgeon/ other health care provider
Once a year	Ultrasound or CT scan	Check your graft	Your surgeon/ other health care provider

Tips for healthy living

Once you have had an aneurysm, you will always have an increased risk of developing another.



You can take steps to prevent the development of a new aneurysm or worsening of your health condition.

Here are some steps to consider:

If you smoke, QUIT!

- Smoking damages your blood vessels. This increases your chances of developing another aneurysm somewhere in your body. Smoking also increases your risk of heart and blood vessel diseases, cancer and many other serious health problems.
- TGH offers free support to quit smoking. Call outpatient pharmacy at 416 340 Q-U-I-T (4075).

Stay active

- Do some kind of activity that you enjoy every day. Exercise can boost your immune system and speed up your recovery.

Enjoy healthy eating by following Canada's Food Guide

- Have a variety of foods from the four food groups. Limit foods that are high in fat, sugar and sodium.
- To speak with a Registered Dietitian, go to www.dietitians.ca and click on 'Your Health', then 'Speak with a Dietitian'.

Try to stay at a healthy weight

- Being overweight limits your ability to move and adds to your risk of heart disease and other health problems.
- To learn what a healthy weight is for you, speak with your family doctor.

Follow Canada's guidelines for drinking alcohol

- If you choose to drink, lower the health risks by drinking no more than 2 drinks a day (for women) and 3 drinks a day (for men)
- For more information go to www.ccsa.ca and click on 'Topics', then 'Alcohol' and 'Drinking guidelines'.

Have regular checkups

- Visit your family doctor or nurse practitioner regularly for a health checkup to make sure your blood pressure and blood sugar are under control.

Important contact information

Vascular surgeons at TGH

Surgeon's name	Phone extension
Dr. T. Forbes	416 340 3274
Dr. T. Lindsay	416 340 4620
Dr. G. Oreopoulos	416 340 3275
Dr. G. Roche-Nagle	416 340 5332
Dr. B. Rubin	416 340 3645
Dr. M. Witheford	416 340 3868

Other members of the health care team

Name and job	Phone number
EVAR Coordinator	416 340 4800 ext. 5202
Cindy Dickson, Vascular Clinic Nurse	416 340 3857
Sue DeVries, Nurse Practitioner	416 340 4266
Alex Papadopoulos, Nurse Practitioner	416 340 5677

Where to go for tests and appointments

Name and location	Description	Phone number
TGH Reception Desks <ul style="list-style-type: none"> Elizabeth St. entrance University St. entrance 	Main hospital information desks.	416 340 4800
Vascular Clinic <ul style="list-style-type: none"> Norman Urquhart (NU) Building – 6th floor (Eaton Elevators) 	Come for your follow-up appointments.	416 340 3380
Vascular Lab <ul style="list-style-type: none"> Norman Urquhart (NU) Building – 6th floor (Eaton Elevators) Located inside Vascular Clinic 	Where to go for tests such as: <ul style="list-style-type: none"> Ultrasound Doppler Studies 	416 340 3380
Pre-Admission Clinic <ul style="list-style-type: none"> Eaton Building (Eaton entrance) Ground floor (Rm 400) 	Visit this Clinic 1 to 3 weeks before surgery.	416 340 3529
Cardiovascular and Vascular Intensive Care unit (CVICU) <ul style="list-style-type: none"> Peter Munk Cardiac Center (PMCC) 2nd floor (Eaton Elevators) 	Stay in this Unit right after your surgery.	416 340 3550
Surgical Admission Unit <ul style="list-style-type: none"> Norman Urquhart Building 2nd floor (Room 310) (Munk or Eaton Elevators) 	Come to this Unit on the day of your surgery.	416 340 4800 ext. 3851

Other contacts

Name and location	Description	Phone number
Telehealth Ontario	Fast, free medical advice from a Registered Nurse, 24 hours a day, 7 days a week	1 866 797 0000 TTY: 1 866 797 0007
Health Care Connect	Find a Family Doctor or Nurse practitioner	1 800 445 1822

Online resources

At UHN

- For health information, visit the University Health Network (UHN) website at www.uhnpatienteducation.ca
- Read 'My Surgery Guide' http://www.uhn.ca/PatientsFamilies/Visit_UHN/Surgery_Patients
- Endovascular Stent Graft – VascularWeb (The Society for Vascular Surgery) for information about vascular surgery www.vascularweb.org/vascularhealth/Pages/endovascular-stent-graft.aspx
- Endovascular Aneurysm Repair – UCSF Dept. of Surg. Division of Vascular & Endovascular Surgery for more information about vascular surgery www.vascular.surgery.ucsf.edu/conditions--procedures/endovascular-aneurysm-repair.aspx

Videos about EVAR

To watch videos, go to www.youtube.ca or copy the link into your web browser

- Building a Better Endograft – Cook Medical via UHN Website YouTube Page www.youtube.com/playlist?list=PLK20VZMncaT_ixdPR3gJajVWHFKEGDalo
- Endovascular Abdominal Aortic Aneurysm Repair – Nucleas Medical Media www.youtube.com/watch?v=j9aK2ECcFEY

Tell us what you think!

At UHN we value your feedback. Please tell us what you think about the booklet 'Your EVAR at TGH'. We will use your answers and suggestions to improve the booklet and the education we provide patients and families. You can mail this form to the EVAR Coordinator at: Toronto General Hospital, 200 Elizabeth Street, 6-EN-223, Toronto ON M5G 2C4.

Please circle the number that best describes your level of agreement with each statement:

	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
The booklet was easy to read and understand.	1	2	3	4	5
The booklet helped me understand my condition.	1	2	3	4	5
The booklet helped me feel less anxious about EVAR surgery.	1	2	3	4	5
The booklet helped me prepare for my pre-admission clinic visit.	1	2	3	4	5
The booklet helped me know what to expect before, during and after EVAR surgery.	1	2	3	4	5
The booklet helped me know what to expect during my hospital stay.	1	2	3	4	5
The booklet helped me take a more active part in my care.	1	2	3	4	5
The booklet helped me with my recovery at home.	1	2	3	4	5
The booklet helped me understand why regular follow-up care is important.	1	2	3	4	5
Overall, this booklet was helpful to me.	1	2	3	4	5
I would recommend this booklet to other patients and families.	1	2	3	4	5

What information would you add to the booklet?

What else can we do to improve the booklet?

This guide has been reviewed by UHN Patient Education and Engagement



Have feedback about this document?

Please fill out our survey. Use this link: surveymonkey.com/r/uhn-pe

Visit www.uhnpatienteducation.ca for more health information. Contact pfep@uhn.ca to request this brochure in a different format, such as large print or electronic formats.

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