

## ABDOMINAL AORTIC ANEURYSM REPAIR BY SR ANNETTE ANDERSON (M.CUR)

There are two methods of repairing an asymptomatic aortic aneurysm. The open repair which has a longer durability and is preferred in younger patients, or the closed repair via [EVAR or FEVAR](#) (more information regarding this will be found under non-invasive treatment).

### **Open aneurysm repair:**

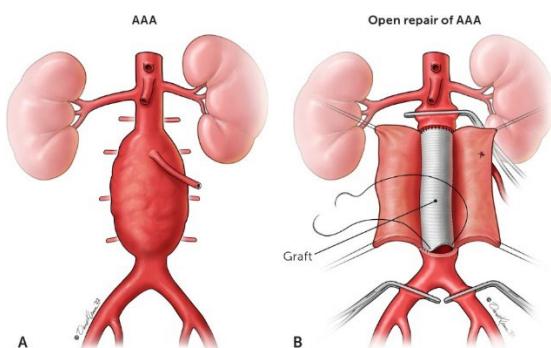
This surgery is performed under general anaesthesia in a theatre. The aim of the surgery is to remove the damaged part of the aorta safely before it bursts or dissects as this causes life-threatening complications. Sometimes, if the rupture happens in a hospital or is contained, an open repair can save a patient's life. Due to the size of the aorta, if the aneurysm ruptures at home and it is uncontained, the patient usually dies within a few minutes.

The surgeon makes a large incision in the abdominal wall; he clamps the aorta above and below the aneurysm and then removes the aneurysm and attaches a graft (specialized synthetic tube) in the place of the diseased artery. As this is major surgery, with a high risk of complications, you will be taken to intensive care (ICU) after theatre. There you will be closely monitored for several days before being moved to a surgical ward. Your total hospital stay will likely be three to ten days depending on how fit you are, if you had any comorbidities, like a weak heart or smoker's lungs and if any major blood loss happened during surgery.

### **Complications:**

The position of the aneurysm plays a big role in possible complications experienced post operatively. As the aorta is the major blood vessel from the heart which feeds oxygenated blood and nutrients to every part of your body, the aneurysm may have affected the blood flow to your kidneys, bowel, spine etc, which may result in renal dysfunction or failure, bowel death or paralysis.

Other post operative complications include bleeding, blood clots, breathing problems, heart attack or stroke. Post discharge complications may include graft infection and wound infection.



Picture credited to *Am Fam Physician*. 2022;106(2):165-172