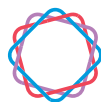




YOUR GUIDE TO

Endovascular Aneurysm Repair (EVAR)



IntraCare

Interventional
Radiology



IntraCare's angiography suite

Contents

About this procedure	1
Before your procedure	2
Your procedure	4
After your procedure	5
FAQs	7
How to find us	8

About this procedure

This guide provides information about an Endovascular Aneurysm Repair (EVAR) procedure. It includes details about what is involved, how to prepare and what to expect during and after the procedure. Please use this in addition to information from your doctor and nurse.

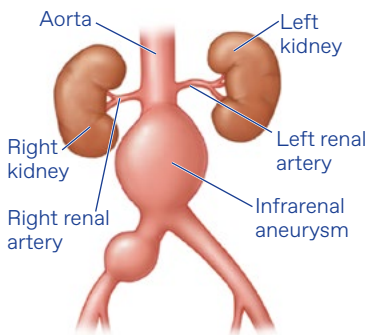
An EVAR is performed in an interventional radiology suite at IntraCare in Epsom. Your interventional radiologist and vascular surgeon will be assisted by our team of nurses and other highly skilled personnel.

Both IntraCare and Allevia Hospital will be involved with your care for this procedure. Allevia Hospital are responsible for your admission, preparation and aftercare.

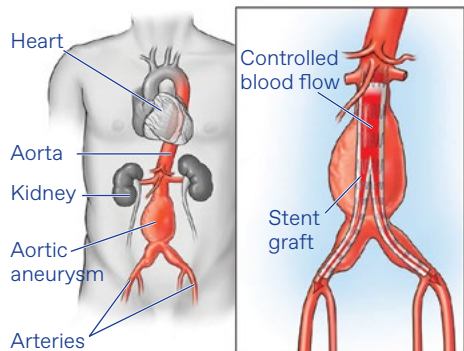
What is an EVAR?

An EVAR is a minimally invasive procedure that can be used to manage abdominal aortic aneurysms. This is achieved by placing stent grafts into the Aorta and Iliac arteries. The wall of the artery may become weak due to multiple factors. The weakening and the bulging of the aorta is called an aortic aneurysm.

Aortic Aneurysm



Endovascular aneurysm repair



The procedure is performed via small punctures in both groin arteries and uses specifically designed devices (covered metal mesh tubes – stent grafts), to repair the aneurysms. X-ray guidance is used to guide the stent grafts to an accurate position. EVAR is an alternative procedure to the conventional open surgical repair of the abdominal aorta.

Before your procedure

Pre procedure phone call

A nurse from IntraCare will call you 24–48 hours prior to your procedure to discuss the following information:

- Your admission time
- When you should stop eating and drinking
- Medication instructions
- Allergies (including medications, contrast dye, dressings/plasters and food)
- Answer any further questions

Fasting Instructions

To ensure your safety during the procedure, it is important that you follow the fasting guidelines below:

Food – **Stop 6 hours prior** to procedure. Do not consume any of the following within 6 hours of your planned procedure time:

- Solid food
- Milk-based products
- Soluble fibre
- Jelly

Fluids – Clear (transparent) fluids are encouraged up to **2 hours before** your planned procedure time. These include:

- Water
- Clear juices
- Cordials
- Black tea or coffee

Avoid fluids containing milk, pulp, or jelly.

Sip-Til-Send (STS) Protocol*

- Unless advised otherwise, you can sip up to **200ml of water per hour** in the 2 hours before your planned procedure time.

* Your nurse will confirm during your pre-procedure phone call whether this protocol is suitable for you.

Anticoagulation (blood thinner)

If you are taking any blood thinners (e.g. Warfarin, Clexane, Pradaxa, Rivaroxaban), please make this known to IntraCare staff at the time of booking. Your vascular surgeon will advise you if you need to stop this medication temporarily for a few days before the procedure.

Other regular medications

Please continue to take these unless advised otherwise by your interventional radiologist or surgeon. If you are taking a diuretic or water pills (e.g. frusemide, spironolactone), you may need to withhold this on the morning of the procedure. It is important that you let us know if you are taking the following medications: Liraglutide (Victoza™, Saxenda™) Dulaglutide (Trulicity™), Semaglutide (Ozempic™, Wegovy™), Tirzepatide (Mounjaro™).

Reminders for the day of your procedure

- If you are on regular medication, please bring this with you in its original packaging.
- Please leave all your jewellery and valuables at home. You are welcome to bring your mobile phone in with you.
- We recommend wearing loose-fitting clothing and shoes that are easy to slip on/off.
- You are encouraged to bring a friend or a family member as a support person before and after your procedure.
- Please bring an overnight bag with you as you are required to stay overnight after the procedure.
- The planned procedure time is an estimate only and may vary. We will keep you informed of any unexpected delays on the day.

Informed consent

As with any procedure, there are potential risks involved. Your interventional radiologist or vascular surgeon and anaesthetist will explain the procedure, discuss possible risks and answer any questions you may have. Your whānau or support person are welcome to be part of this discussion. You will then be asked to sign the consent forms. This will occur either at an earlier appointment, or on the day of your procedure.

Your procedure

An EVAR procedure is performed under general anaesthesia and can take 1.5–2 hours.

Preparation

You will be collected by an IntraCare nurse from Admissions Unit (ADU), Allevia Hospital to IntraCare for your procedure. A small intravenous (IV) line will be inserted into a vein in your arm for medication to be injected. Medication will be given to help you relax and keep you comfortable while the anaesthetist puts you to sleep. Intravenous antibiotics are routinely given pre-procedure to help prevent bacterial related infections. We may need to remove hair with clippers at the access site (groin area) for sterile preparation. Please avoid shaving the area yourself as this may cause minor abrasions to the skin, increasing the risk of infection.

Other devices for monitoring blood pressure, heart rate and oxygen levels will be fitted to ensure your safety during the procedure. We will carefully position and tuck your arms at your sides to ensure sterility and safety is maintained.

The procedure

The access areas (femoral arteries – located near your groin) will be prepared with an antiseptic solution before placing sterile drapes around the access sites, and over the rest of your body to ensure sterility is maintained.

Hollow tubes called sheaths will be inserted into the arteries near your groin. Using contrast dye and fluoroscopy, a stent-graft is inserted through the femoral artery and advanced up to the site of the aortic aneurysm. Once the graft is in an optimal position, it is opened and expanded to cover the aneurysm. This process is repeated using more grafts, ensuring there is full coverage above and below the aneurysm – to help prevent blood flowing into the aneurysm. Once the procedure is complete, the sheaths are removed from the femoral arteries. Closure devices such as Percloses/Proglides will be used to close the holes made in your femoral arteries.

After your procedure

You will be transferred to Post Anaesthesia Care Unit (PACU) for a short period of time, after which you will be transferred to a High Dependency Unit (HDU), where you will recover overnight. If appropriate, you will be transferred the next day to Stella Maris ward, Allevia Hospital, where you will remain for a further 1–3 nights.

Unless you have required a surgical cutdown for the procedure access site, you will be able to sit up as soon as you are fully awake (refer to the FAQs at the bottom of this booklet: What is a surgical cutdown?).

Recovery and discharge

- Following your procedure, it is important that you **do not drive for 24 hours**.
- Please ensure you have a family member or friend to drive you home from the hospital, as you may still be under the effects of anaesthesia or sedation.
- You will need to arrange someone to be at home with you on the day of your discharge and overnight to support you in your recovery.
- Due to the effects of anaesthesia, you may feel lethargic afterwards with reduced concentration. For this reason, for 24 hours after your procedure:
 - Do not do any activity requiring strength, concentration, or full alertness.
 - Do not make any legal decisions or sign legal documents.

Resuming activities

- You will be able to return to work within 2 weeks of having the procedure unless your job involves heavy lifting (>5kg).
- You can begin light exercise after 1 week.

Medication

Your vascular surgeon or anaesthetist will give you a prescription for pain relief (analgesic) to take home. Please use this should you experience any dull aching pain for the following few days.

Follow up appointment

You will have a follow-up appointment at your surgeon's clinic approximately 2–6 weeks after your procedure. If you have minor concerns prior to your follow up appointment, please contact your surgeon's clinic or contact IntraCare.

Femoral (groin) site care

It is normal to experience some bruising at the puncture site. During the first few days after your procedure:

- Do not do any heavy lifting (>5kg) or strenuous exercise.
- Try not to excessively cough, sneeze, or strain as this puts pressure on the puncture site which may cause it to bleed.
- Do not sit in a bath, hot tub or spa. This reduces the possibility of bleeding or infection.
- Do not cross your legs while sitting.
- You may resume walking if your puncture site is not painful.
- Remove the dressing on your groin once the skin has healed (approximately 3 days).

Haematoma

It is common for a haematoma to develop after this procedure. A haematoma is a collection of blood under the skin that is sometimes painful. A small hard lump (similar in size to a pea) may also be felt under the skin and remain for several weeks:

- If a large lump (haematoma) occurs, lie down, and get another person to press down firmly on the centre of the haematoma for approximately 10 minutes.
- If after releasing pressure, the haematoma reoccurs, keep applying the pressure and go to your local accident and emergency department.

Bleeding

- It is common for there to be a small amount of ooze. If this occurs, re-apply a sticking plaster and lightly press for a few minutes.
- If there is significant bleeding, you should lie flat, and another person will need to apply firm pressure for 10 minutes. If this does not stop the bleeding, call an ambulance.

Seek immediate medical attention (dial 111 for an ambulance) if there is excessive bleeding from the puncture site.

Please take this booklet and your discharge summary with you if visiting the GP, afterhours or hospital.

**If you have any concerns after your procedure, please contact IntraCare:
Monday to Friday: 09 630 1961 (between 6:30am and 6:00pm).
For after-hours, weekends, and public holidays, contact 027 482 0763.**

FAQs

Who do I contact if I have concerns following the procedure?

If you have concerns in the first few days, contact your vascular surgeon or a nurse at IntraCare.

What is a stent graft?

A type of stent made from specialised fabric and is designed to support weakened artery walls. It is designed to maintain blood flow and prevent rupture.

What is a surgical cutdown?

Surgical cutdown is a procedure to gain direct access by surgically exposing the arteries, and insertion of sheaths with direct visibility.

Is this procedure covered by health insurance?

If you have private health insurance, please contact our administration team. IntraCare is affiliated with Southern Cross and AIA insurance providers and will help you with the approval process and will discuss options for self-funding. Please contact the administration team on (09) 630 1961.

How to find us

IntraCare Epsom

Both IntraCare and Allevia Hospital will be involved with your care for this procedure.

When you arrive, please report to the Allevia Hospital Admissions Lounge (2 on the map).

Directions to the Admissions Lounge:

- From the Level 1 Carpark – Walk across the footbridge towards the main reception. Take the Yellow Lift to Level 2. The Admissions Lounge will be on your right as you exit the lift.
- From the Ground Floor Carpark – Follow the blue walkway to the Yellow Lift and take it to Level 2. The Admissions Lounge will be on your right as you exit the lift.

98 Mountain Rd, Epsom, Auckland 1023

P: +64 9 630 1961 (Monday to Friday 6:30am–6:00pm)

P: +64 27 482 0763 (after hours, weekends and public holidays)

E: admin@intracare.co.nz

W: intracare.co.nz

Where to park


A 10 minute patient ‘drop off zone’ is available on the level 1 carpark. Head up the ramp as you enter the carpark from the Main Entrance (Gate 1) on Mountain Road.


The first 30 minutes are free and apply only once the vehicle licence plate number has been entered into a payment terminal. Patient parking is available on all levels of the car park. Parking limits apply, and parking spaces are marked (P90, P180, and All Day Parking).

The Allevia Hospital parking is managed by a separate company, and a fine may be issued if your vehicle breaches any of the parking terms and conditions.

There is free 120 minute parking available nearby on Mountain Road, Gilgit Road and Almorah Road after 9am.



 Main entrance to patient and visitor car park
~ 250 spaces

 Walkway to main reception
Pedestrian access to main reception from car park

 Yellow Lift

- | | |
|---|---|
| 1 Allevia Hospital reception and Allevia Radiology 1 reception | 8 Awanui Labs (blood tests) |
| 2 Admissions Lounge | 9 Allevia Radiology 2 (CT, ultrasound) |
| 3 Canopy Cancer Care | 10 The Heart Group |
| 4 ARO (Auckland Radiation Oncology) | 11 Allevia Radiology PET-CT Canopy Cancer Care |
| 5 Allevia Café and outdoor dining courtyard | 12 Allevia Specialist Centre |
| 6 Allevia Pharmacy | 13 Allevia Radiology 1 (MRI/X-ray) |
| 7 IntraCare | A B C D E Allevia Specialist Centre entrances |



IntraCare

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