

Patient Information

Abdominal Aortic Aneurysm/Aorto-Iliac Disease

Standard Surgical Repair

The abdominal aorta is the portion of the aorta (the largest blood vessel in the body) that carries blood to the abdomen, pelvis, and legs.

Sometimes the walls of this part of the aorta weaken and bulge in one area forming an abdominal aortic aneurysm (AAA). Abdominal aortic aneurysms are most often a result of atherosclerosis, combined with high blood pressure. If the AAA becomes large or ruptures, surgery is necessary. Also this area of the aorta may become blocked with plaque and prevent blood from getting to the legs. This results in leg pain, also known as claudication. Ulcers and even gangrene of the legs can occur.

Surgery to repair an AAA, or bypass a blocked aorta is needed when:

- The aneurysm is causing physical symptoms, such as abdominal pain.
- The aneurysm has reached a size of 5 cm in diameter. Aneurysms that are less than 5 cm are monitored closely, but are usually not surgically repaired.
- The aneurysm has ruptured. Symptoms of rupture include sudden, excruciating pain in the back or lower abdomen, and low blood pressure, sometimes leading to shock. Surgery must be done immediately, or the rupture can be fatal.
- The blockage is causing pain that is limiting the patients lifestyle, or is causing gangrene, or ulcers on the legs.

Prior to surgery, the lungs, carotid arteries, and heart will be checked. Some patients, due to pre-existing conditions, will not be able to have standard surgery, and other options may be necessary. Balloons and endo-vascular stents may be recommended.

Surgery is not without risk. There is a risk of infection, bleeding, renal failure, liver failure, stroke, death, and complications from general anesthesia. There are imponderable risks.

Emergency surgery has a higher risk than elective planned surgery.

Description of Surgery:

The surgery is performed under general anesthesia and last about 2 to 3 hours. An incision is made from the breastbone to below the belly button. Sometimes, incisions are also needed in the groins to get blood to the legs. After surgery you will be sent to the intensive care unit for care and monitoring of the urine output, blood pressure, heart rate, and breathing. Pain relief is provided with an epidural catheter when possible.

The hospital stay varies from 5 to 7 days and will be determined by your surgeon. Patients may require time in a rehabilitation facility following surgery.

After surgery there is a gradual return to normal activities. To prevent further circulatory problems, risk factors, such as atherosclerosis, obesity, heart and lung disease, and high blood pressure will be managed with medication and a healthful lifestyle. Tobacco products should not be used.

Endovascular Aneurysm Repair, EVAR, is a minimally invasive procedure that is also used for selected patients. The doctor will discuss the procedure used and the options for treatment with the patient and family.

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