

Procedure:

AAA (EVAR & Open)

Indication:

Aneurysm usually with a diameter larger than 5.5cm

Description:

Patient is anesthetized and vascular access is gained (femoral arteries). The process then involves guidewires, imaging, balloons, stents, and final images. The process must be able to be converted to an open procedure emergently if required. If performed open, a midline abdominal incision is performed allowing access to the aneurysm.

Post-op Implications:**Complications:**

Endoleak: Incompetence of device, requires CT imaging.

Femoral access: Bleeding requires direct pressure. Acute thrombosis of the accessed vessel, distal embolization, dissection, pseudoaneurysm, and arteriovenous fistula.

Distal limb ischemia: Caused by embolization, thrombus, or device malfunction. Depending on location of aneurysm, blood flow can be impaired to kidneys, intestines, and distal extremities.

Contrast induced nephropathy: keep IVF until tolerating PO.

Meds:

Pain is managed with NSAIDS and opioids (Possibly PCA) as needed. Restart home meds as soon as tolerating PO. If open repair, may have an epidural.

Principles:

Lay flat for 6hrs post-op to protect graft site and femoral access sites. Frequent distal pulse checks and groin checks per protocol.

Care Plan:

Lay flat for 6hrs post-op. Frequent distal pulse and groin checks. Pulmonary toileting, wound care/assessment, foley hygiene, manage IVF, monitor and control pain, NPO for first 6hrs.

Course of Care:

POD #1 Ambulate, D/C foley, restart home Rx if tolerating PO, CL diet or regular diet if tolerating PO, possibly D/C to floor.

Room Setup:

Humidified O2, oral suction, standard IV pump setup, possibly PCA setup, SCDs.