

Information about having a

Thoracic Stent Graft (TVAR)

What is a Thoracic Stent Graft?

This is also known as Thoracic Vascular Aneurysm Repair (TVAR). This is a woven polyester tube (graft) covered by a mesh, which is placed inside a diseased vessel.

This procedure is carried out where conventional surgery may not be recommended or the patient would prefer not to have conventional surgery.

Who will do it?

This is a combined procedure carried by both Radiologists and Surgeons.

Where will it be done?

Usually in a screening room in the x-ray department. It may also be done in an operating theatre.

When can I discuss the procedure?

You can discuss the procedure with your referring consultant, and also the Radiologist before the procedure.

Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complication of the procedure.

What preparation is required before the procedure?

Preparation can vary from patient to patient but on admission to the ward your surgeon and anaesthetist will discuss this with you. The preparation will include some or all of the following:

- Blood tests
- Full medical history taken
- X-rays or scans
- ECG; Blood pressure or Lung Function test
- You will need to be fast for 6 hours before the procedure (i.e. no food or drink)

What happens during the procedure?

This is a sterile procedure performed under general anaesthetic or spinal anaesthetic.

The Radiologist and Surgeon will use the x-ray equipment to place the stent graft.

We may give you various intravenous infusions through a pump. We may also give you pain-killers.

As with any operation, or anaesthetic, staff will monitor you very closely.

How long will it take?

This can vary for a number of reasons however you should expect to be in the x-ray department or theatre for 2 to 3 hours.

What happens afterwards?

You could go to the recovery area, high dependency unit, or your ward. The team looking after you will decide which is the best option for you.

Are there any risks?

The stent graft excludes the aneurysm from the normal blood flow. The diseased vessel is not actually replaced.

Occasionally patients require a blood transfusion.

There is a small but real risk of aneurysm rupture.

The long term risks of a stent graft implant are not yet known so you will have CT scans once a year to monitor this.

You may need more frequent examinations and x-ray images if your consultant feels there is a problem with the stent graft.

The frequency and type of monitoring is generally not required after conventional surgery.

If you have any questions please telephone the number on your appointment card or letter.