Vascular Studies Unit

Patient Information

An ultrasound surveillance scan of your endovascular aneurysm repair (EVAR)

How to comment on your care:
We always aim to provide the best possible service, and staff will be happy to answer your questions. However, you can also contact the Patient Advice and Liaison Service (PALS) with any compliments or concerns by telephone 01223 216756 or email pals@addenbrookes.nhs.uk

Contacts/further information
If you require further information, please do not hesitate to contact the Vascular Studies Unit (VSU) on telephone: 01223 348117.
What is an EVAR?
An EVAR is a stent which is used to repair abdominal aortic aneurysms (AAA’s). In this operation, the aneurysm is not removed, the stent is placed inside the aorta to strengthen it. The blood then flows inside the stent and not through the old aneurysm sac.

Why do I need follow up after my EVAR operation?
Although EVAR is a successful operation for treating AAA’s, sometimes complications can occur which may need further intervention. Follow up surveillance enables us to monitor the stent and highlight any problems with stent placement and flow. Follow up imaging of your EVAR is done by a combination of ultrasound, x-rays and computerised tomography (CT scans).

What is an ultrasound scan of your EVAR?
An ultrasound scan of your EVAR may also be called a “duplex scan.” This test uses ultrasound to produce images of the EVAR in your abdomen. It allows us to monitor the size of the remaining aneurysm sac (to make sure it is not getting bigger) and to ensure that there is no blood flow entering the sac. It also allows us to ensure that the blood is flowing through the stent graft smoothly. The test is painless and does not use any radiation or needles. There are no risks associated with this test.

Where do I go?
The Vascular Studies Unit (VSU) is on level 5 of the Addenbrooke’s Treatment Centre (ATC). Please inform reception of your arrival straight away. There are often other clinics in progress so you may not be called in order of arrival.

You may bring a relative or friend in with you during the test, or request a chaperone if you would like one.

What is consent?
Before your test is performed you must give your consent or permission. Consent is the process by which you give permission to health professionals to provide your care and treatment. It may be implied (offering your arm for a blood pressure reading) or formal (signing a formal consent form for an operation). In either case your consent must be given voluntarily and you must have all the information you need to make a decision. If you feel you do not have enough information or do not understand the procedure please ask.

How do I prepare for the test?
The clinical vascular scientist (who might be male or female) will need to scan your abdomen. Therefore, it is helpful if you only eat a light meal prior to your appointment. This will help remove any excess bowel gas and can improve the test results. You can drink fluids as normal. If a medical condition requires you to eat regularly, please do not restrict your food intake – it will still be possible to perform the scan.

How is an ultrasound scan of your EVAR performed?
A clinical vascular scientist (who might be male or female) will perform and interpret your ultrasound scan. The test can take up to 30 minutes. The test is painless and does not use any radiation or needles. There are no risks associated with it. You will be asked to lift up your top and lower your trousers/shorts/skirt to your hips. The lights will be dimmed to allow the best images to be obtained.

The scan will be performed with you lying down on the couch. Gel is applied to your abdomen and the scan is carried out from just below the rib cage to the groin. The ultrasound probe will be moved across the abdomen to view the arteries. During the test, you may hear some “swooshing” noises from the ultrasound machine. These sounds are normal.

What happens next?
The clinical vascular scientist can comment briefly on the findings and will write a report for the consultant who requested the test. You will be able to discuss the results of this investigation fully with the referring team at your next outpatient appointment. In rare cases, the clinical vascular scientist may need to discuss the result with a doctor before you leave.