

Patient agreement to investigation or treatment

Endovascular repair of Thoracic aortic aneurysm – ‘key hole’ repair of a ballooned artery in your chest

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Brief description:

- An arterial aneurysm is an abnormal dilatation (ballooning) of an artery caused by a weakness in the wall of the artery. Generally an artery is called aneurysmal when it increases to twice its normal size. Any artery in the body can develop an aneurysm but for some reason some arteries are more commonly affected than others. In particular, the aorta, which is the main artery in the chest and abdomen is commonly affected; as are the iliac arteries (in the pelvis), and the femoral arteries (in the thigh), and the popliteal arteries (behind the knee). The main risks of aneurysms are either that they burst (leading to life-threatening bleeding) or they block, therefore, cutting off the blood supply to the areas supported by them.
- Aneurysms are more common in people aged over 60 years. They are also more common in people who have high blood pressure and/or those who smoke. Aneurysms can also ‘run in families’, particularly between brothers, because, in general, men are more commonly affected than women.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use: Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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About Endovascular repair of Thoracic aortic aneurysm

A thoracic aortic aneurysm (TAA) is an abnormal dilatation (ballooning) of the aorta, which is the main artery in the body and carries blood away from the heart. The other arteries in the body are supplied by the aorta eg those that supply blood to the head, limbs and body organs.

Diagnosis of TAA

- The majority of TAA cause no symptoms and are discovered by chance. A routine chest X-ray, or a CT/MR scan performed for some other reason may pick up the presence of an aneurysm.

Investigation of TAA

- Accurate diagnosis and sizing of the TAA is done by a CT scan with dye to show up the aorta. The risk of rupture (bursting) of TAA is related to the size: TAA's bigger than 6.0 cms in diameter are at risk of rupture and require surgical repair to avoid this. Smaller aneurysms are monitored with CT scans every six to twelve months, and surgery is only considered if they increase in size, or start to cause pain or other symptoms. The CT is particularly important when considering and planning endovascular repair of a TAA. Only about half of patients with TAA will be suitable for this. Other investigations to measure the function of the heart, lungs and kidneys might also be arranged, because this surgery tends to put an extra strain on these organs.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet the house officer, nurse practitioner and/or the Consultant.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication – these might be ones prescribed by a doctor or bought over the counter in a health food shop. It helps us if you bring details with you of anything you are taking (eg bring the packaging with you).
- This procedure involves the use of general anaesthesia. Please turn to page 4/5 for further details about the types of anaesthesia/sedation we shall use.
- Depending on the arrangements made for you, you will be admitted to the ward either the day before surgery or on the day of surgery. The ward nursing staff will show you your bed and help you settle in. They will explain the preparations for the operating theatre, and show you where everything is.
- You must not have anything to eat or drink for at least six hours before your operation.
- Most people who have this type of procedure will need to stay in hospital for 2 to 3 days.
- Your surgeon will visit you before your operation to explain the procedure again and to answer any questions.

During the procedure (operation/treatment) itself

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- At the start of the surgery, we make an incision in the groin to expose and control the artery. In the other groin a needle and catheter are placed in the artery without a full incision.
 - The aortic aneurysm will be fixed by passing the endovascular graft (a polyester or Gore-tex graft supported by metal struts) through the artery in your groin under x-ray control up to the thoracic aorta.
 - The wound will be closed with dissolvable sutures
 - Commonly, patients recover from aneurysm surgery in the theatre recovery area for the first night but you may return to the ward.

After the procedure (operation/treatment)

- If you have had a general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- You will be monitored in the theatre recovery until you are ready to go back to the ward.
- The nurse looking after you will make careful measurements of your pulse, blood pressure and breathing.
- At this time, you might find there is a urinary catheter inserted into your bladder, which allows your urine to drain into a bag. This is a temporary measure to prevent urine becoming retained which can cause your blood pressure to become unstable.
- Eating and drinking: You will be able to eat and drink as soon as you feel ready
- Getting around and about: You may have most of the catheters and drips removed the day after surgery and will be able to get up and walk around.
- **When you can leave hospital:** while you are staying with us, the surgical team will visit you every day and can answer any questions you might have about your surgery. On each visit, we will assess your progress and work out the best time for you to be discharged from hospital. **Most people go home between two and five days after the operation.**
- **Once at Home:** It will probably take one to three weeks before you feel as well as you did the night before this surgery.
- **Check-ups and results:** following discharge from the ward we will make arrangements to review you in the outpatient clinic in six to eight weeks time. You will then be followed up regularly for the rest of your life and will undergo yearly scans to check the endovascular graft.

Intended benefits of the procedure

- To surgically repair your aneurysm, to prevent it either bursting or blocking.

Who will perform my procedure?

- This procedure will be performed by the Consultant and the Specialist Registrar and a Consultant Radiologist.

Alternative procedures that are available

- **Monitoring only:** If the AAA is larger than 6.0 cms, the risk of rupture without surgery is usually higher than the risk of surgery. Therefore not operating and continuing to monitor the thoracic aortic aneurysm is not the safest option.
- **Open aneurysm repair** is an alternative technique. This is a larger operation where the aneurysm is repaired with a graft sewn in to the aorta through a larger incision in the chest.

Serious or frequently occurring risks

- As with any major operation there is a very small risk that you may have a medical complication such as a heart attack, chest infection or kidney failure. There is a 5% (5 in a 100) risk of a stroke. The doctors and nurses will try to prevent these complications and to deal with them rapidly if they occur.
- Sometimes after this surgery the blood supply to the legs can become compromised and further operations to restore the circulation are required. The blood supply to the nerves in the spine can also be affected leading to weakness or paralysis of the legs. Again there is a 5% risk of this. A drain can be placed in the spine to help the nerves recover.
- Overall, the incidence of major complications (including death) is in the region of 3-5 % but the risks may be increased in those patients who have pre-existing disease. The risk of death is lower than for open aneurysm repair.
- Other complications include graft infection and wound infection.
- There is an extremely small chance that it may not be possible to maneuver the endovascular graft into the aorta and the surgeon may have to revert to open aneurysm repair.
- Endovascular TAA repair is still a relatively new procedure and we will keep a close eye on your endovascular graft for life after surgery with regular scans. Occasionally blood may leak around the endovascular graft 'endoleak' and up to one in 6 patients may require a further procedure at a later date. However this is likely to be a small procedure under a local anaesthetic. There is a very small chance that the endovascular graft may need to be removed at a later date and the aneurysm repaired by a conventional technique.

Your anaesthesia

General anaesthesia:

- Your procedure will be carried out under general anaesthesia (GA). This means you will be in a state of 'controlled sleep' until we reverse (stop) the effects of the anaesthetic. While you are under anaesthetic, you will be unaware of what is happening eg you should feel no pain. The doctor who gives you this type of anaesthetic is called an anaesthetist.
- **The role of the anaesthetist** is to care for all aspects of your health and safety over the period of your procedure (eg operation) and immediately afterwards.
- **Pre-operative visit:** Before your procedure, an anaesthetist will come to see you. He/she will ask you questions about your health and might also examine you – this is to make sure that your anaesthetic is as safe as possible. The anaesthetist will want to know about your general health; any previous illnesses or operations; any tablets or medications you are taking; any allergies you have; any reactions you might have had

previously to tablets, medications or anaesthetics; any problems you have with moving your neck; any problems you have opening your mouth; whether you have any crowns (caps) on your teeth or wear dentures. You should also tell your anaesthetist if you have a problem with your swallowing or digestive systems (eg a hiatus hernia or acid reflux) that might make you more likely to vomit during the anaesthetic or procedure.

- **Minor illnesses:** If you have a minor illness at the time of the anaesthetic, it can make the anaesthetic more difficult. If you have a cough, cold or other illness please let the anaesthetist know, because it might be better for you to recover from this before having the anaesthetic.
- **Fasting before the anaesthetic:** It is very important that you follow the instructions you are given about when you need to stop eating and drinking before the anaesthetic. **Typically, you will be asked to stop eating and drinking at least six hours before the anaesthetic.** This allows your stomach to empty in time, which helps prevent you vomiting during or after your anaesthetic.
- **Taking medications with water:** Usually, you may drink a glass of water up to two hours before your operation; you may also take sips of water to swallow any necessary tablets. Please ask your nurse or doctor for advice.

What happens during your general anaesthetic

- Before your general anaesthetic, you will have some small sticky pads put on your chest, which are connected to a machine that monitors your pulse.
- A small needle will also be placed in the vein in the back of your hand - this is used to give you the medications that start the general anaesthetic. You might be offered a cream anaesthetic to make its insertion more comfortable.
- Shortly after you have been given the medications, you will stop being aware of what is going on around you ('fall asleep'). The anaesthetist will then place a breathing tube into your open mouth (or nose) and down into your trachea (windpipe). This is attached to anaesthetic gas and controls your breathing for you (while you are 'asleep').
- During the procedure, you will be unaware of what is happening - and we will monitor you continuously for your comfort and safety. We will also give you any necessary fluids and pain-relieving medication, which can also help your comfort when you first wake up.
- At the end of your operation, we will reverse the anaesthesia. When its effects have worn off, you will wake up (briefly in the operating theatre) and then will be taken to the recovery room. Usually, you do not remember waking up in the operating theatre.

Your care after a general anaesthetic

- After the procedure, you will continue to be closely monitored in the recovery room. This is to make sure that you are making a good recovery and that you are not in any unnecessary pain. To help control any pain you might have after the procedure, we can give you pain killers by tablet, injection or in your drip.

What risks are associated with a general anaesthetic?

- The risks with having a general anaesthetic depend on your overall health, the nature of your operation and its seriousness.
- As for all procedures, there can be complications (things that go wrong). The anaesthetist will try to predict anything that might be more difficult for you and take

extra measures to prevent and detect problems. Serious complications are very rare indeed.

- **Sore throat:** Probably the most common complication after a general anaesthetic is a sore throat. This can be due to the throat being dry and from contact with the anaesthetic tube. This soreness should not last long and can be eased with mouth gargles and simple painkillers. Please let your nurse know if you would like some help.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माहिती वीज्ठ भाषाओमां, मोटा अक्षरोमां अथवा सांभणी शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठनी छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent form 1

Patient agreement to investigation or treatment

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Responsible health professional/job title

Special requirements
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Endovascular repair of thoracic aortic aneurysm

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
- Any serious or frequently occurring risks from the procedures including those specific to the patient
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
 Version/Date/Ref:

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature **Date:**

Name (PRINT): **Job Title:**