

Endovascular Aneurysm Repair

- Minimally invasive, utilises endovascular iliofemoral access to deploy aortic graft
- Can be used elective or emergency
- Standard EVAR → consider in unruptured aneurysms who meet above criteria and abdo copathology, anaesthetic risks or comorbidities that make open surgical repair less desirable
- Complex EVAR → if open surgery and complex surgery are both suitable, EVAR should only be used after a detailed explanation about risks.

Emergency Management

- A medical emergency
- Fluid resuscitation/blood transfusion and analgesia are key
 - Permissive hypotension – aim for lower BP than normal, theoretically increasing BP may increase blood loss
- Emergency surgery/EVAR
- Ruptured infrarenal AAA → EVAR is best option in those >70, open repair better for men under 70
- Standard EVAR unsuitable → open surgical repair if EVAR not possible
- Complex EVAR → should not be offered if open surgical repair suitable outside of trials.

DVLA

Inform DVLA if aneurysm >6cm, stop driving if it is >6.5cm

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