

Endoanchoring systems in endovascular aortic aneurysm repair

Information for the public

Published: 25 May 2022

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For people with unfavourable aneurysm morphology needing an endovascular aortic aneurysm repair (EVAR) as their first procedure, or for people with an existing EVAR who need a secondary procedure, there is not enough evidence about how well this procedure works. This type of procedure can cause complications. So, it can only be done with special arrangements. This means you will have regular appointments afterwards to check how well it is working or if it has caused problems.

For people with favourable aneurysm morphology needing an EVAR as their first procedure, this procedure can only be done as part of a research study. This is because there is not enough evidence to be sure how well it works or how safe it is.

Your healthcare professional should talk to you about the research.

An aortic aneurysm is a bulge in the wall of the main blood vessel (aorta) carrying blood from the heart to the body. If it bursts, it can cause severe bleeding and death. An aortic aneurysm can be treated by inserting a mesh tube (stent) inside the bulge through cuts in the groin (endovascular) using X-rays to guide it into place. The stent can sometimes leak or move out of place. In this procedure, an anchoring device (endoanchor) is inserted to help hold the stent in place. They may be done at the same time as the stent-graft is put in place or during a later procedure if the stent has leaked or moved. The aim is to keep the stent in place and prevent leaks.

The [NHS website](#) may have information on your condition and treatment options.

Is this procedure right for me?

You should be included in [making decisions about your care](#).

Your healthcare professionals should explain the risks and benefits of this procedure and how it is done. They should discuss your options and listen carefully to your views and concerns. They should offer you more information about the procedure. Your family or carers can be involved if you want or need them to be.

You will be asked to decide whether you agree (consent) to have the procedure. Find out more about [giving consent to treatment on the NHS website](#).

Some questions to think about

- How many appointments will I need?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- Will I have to stay in hospital?
- What happens if it does not work or something goes wrong?
- What happens if I do not want the procedure?
- Are other treatments available?

More information

- [NICE's information on interventional procedures guidance](#) explains what an interventional procedure is and how we assess it.
- [NICE's information on interventional procedures recommendations](#) explains what special arrangements are and what only in research means.

ISBN: 978-1-4731-4596-2