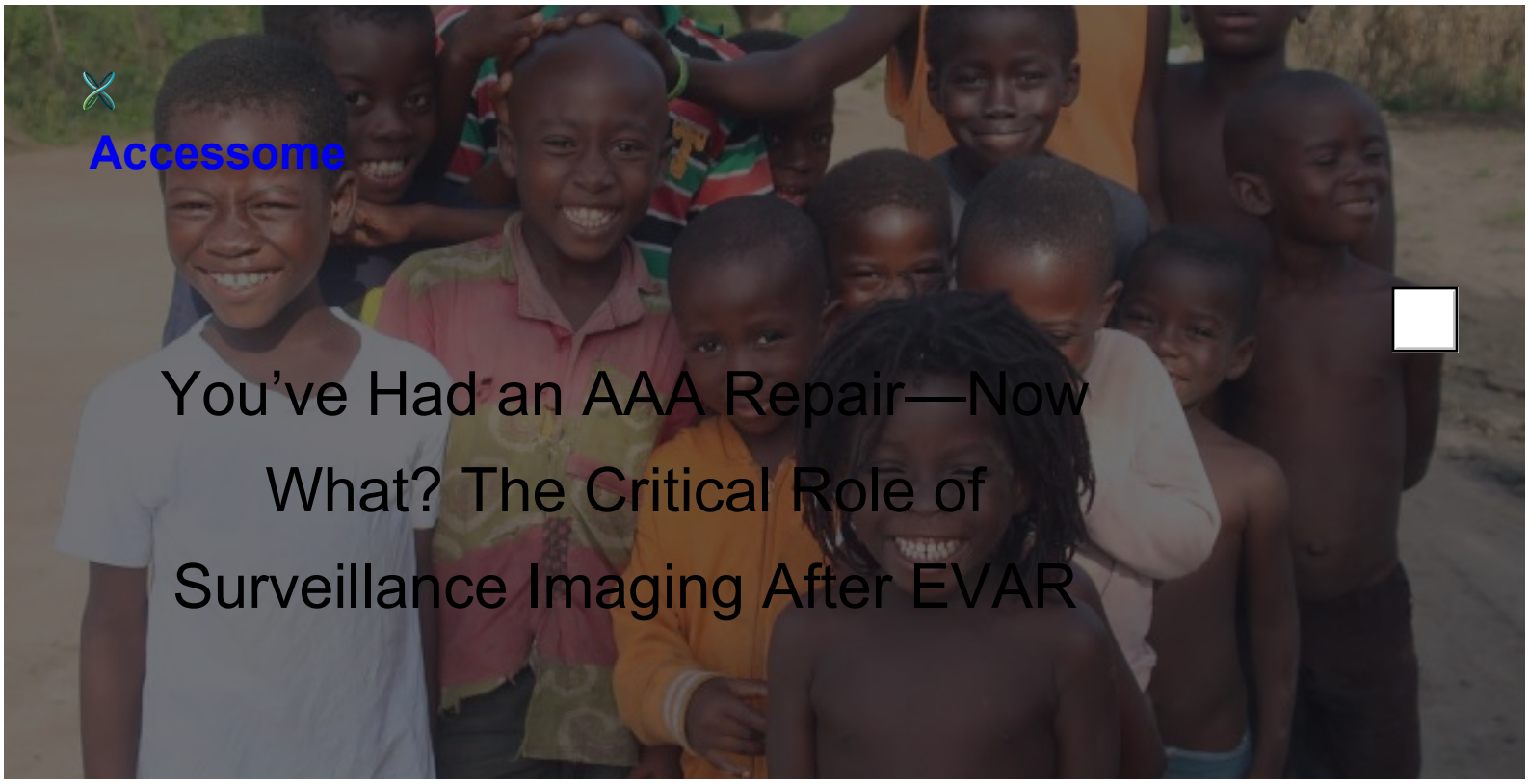

Rebecca Fleckenstein, MSN, RN - 18 September 2025 - 2:53 pm

Imagine you are 65 years old. You smoke (and you know you should quit). You take cholesterol medication and have high blood pressure. But who doesn’t, right?

One day, you start to notice a pain deep in your belly that won’t go away even when you sit down, lie down on your side, or stop eating. You don’t remember how this pain started, but one day you notice it.

You go to your doctor, and your physician starts asking you questions.

"Does the pain in your belly go down to your groin?" Yes, you say.

"Do you have a throbbing feeling near your belly button?" You are not sure if you feel this.

Your doctor recommends getting a "CTA" and making an appointment to discuss the results. When you return to your doctor's office, you get the news that you have an "Abdominal Aortic Aneurysm" (AAA) – a bulge that is in your aorta due to a weak spot – and recommends you go to a doctor called a vascular surgeon. The vascular surgeon recommends you have a procedure called an "Endovascular Aneurysm Repair" (EVAR) and that you will have to have lifelong "surveillance imaging" – CTA scans or ultrasounds of your abdomen (belly) – after the EVAR procedure.

What is an EVAR, and Why is Surveillance Imaging Important?

An EVAR is a procedure that the vascular surgeon performs at the hospital. The surgeon inserts a graft – a tube made of fabric with mesh inside – into your abdomen to keep the AAA in your aorta from getting larger. The vascular surgeon implants the graft through the artery near your groin called the femoral artery. You can usually go home in 1-2 days after your EVAR.

Even though you had pain in your belly or back before your EVAR, you may develop complications after your EVAR where you don't feel anything. Surveillance imaging after EVAR is important to detect these complications as early as possible. Possible complications after EVAR are listed below.

- Endoleaks: Blood leaking back into the aneurysm that can make the aneurysm larger or even rupture, which is a life-threatening medical emergency.
- Graft complications: The graft can move above or below the aneurysm, and it may develop a kink or other issues that may make the graft less effective.
- Aneurysm size: The aneurysm may get bigger after EVAR. Surveillance imaging helps to monitor the changes in the

size of the aneurysm, ensuring the graft is working as intended.

When Should I Get Surveillance Imaging?

Your vascular surgeon will usually recommend that you get a CTA or abdominal ultrasound within 30 days after your EVAR and then once a year after that. Your doctor may adjust this schedule based on your specific case. You may feel fine after your EVAR procedure and may not want to take the time to get surveillance imaging, but not getting imaging at the schedule your doctor recommends increases the risk of undetected complications, which could lead to emergency surgery, hospitalization, or even death. Missing follow-up imaging could also impact future treatment options.

What Else Should I Do After My EVAR Procedure?

- **Keep all scheduled appointments** for imaging and follow-up visits at your doctor's office.
- **Report new symptoms immediately.** Tell your doctor if you have pain in your back, abdomen, or groin; or a pulsing sensation in your abdomen.
- **Quit Smoking.** Talk to your doctor about ways to stop smoking.
- **Exercise.** Talk to your doctor about ways to exercise or about cardiac rehabilitation.
- **Update your care providers.** Tell your doctor's office if you are moving or have any changes to your contact information so that you receive appointment reminders and test results.
- **Address your concerns.** Imaging is generally safe, but if you have concerns about radiation or contrast allergies, discuss them with your doctor so alternatives can be considered.

The benefits of regular surveillance imaging outweigh the potential risks. By getting your surveillance imaging according to your schedule, your doctor can catch potential issues early and ensure the long-term success of your aneurysm repair.

Author

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Rebecca is an informatics nurse specialist and an aspiring freelance writer. She creates health content using her 29 years of nursing knowledge and experience.

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