Non-vascular complications of abdominal aortic aneurysm surgery

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Introduction

- Improved peri-operative management
- 15 30% some form of complications
- Prevention and management will improve outcome
- Non-vascular complications

Complications

- Abdominal complications
 - Ileus
 - Chyloperitoneum
 - Incisional hernia
 - Duodenal obstruction
 - Abdominal compartment syndrome
- Cardiac complications
- Renal complications
- Pulmonary complications
- Sexual dysfunction

ileus

- Majority have bowel dysfunction
- 10% develop prolonged ileus
- Due to base of mesentery dissection
- Cautious when introducing feeds
- Prolonged ileus: sit it out

chyloperitoneum

- Very rare
- Mortality rate of 11 18%
 - Sepsis
 - PE
 - Malnutrition
- Early diagnosis important

chyloperitoneum

- Diuretics
- TPN
- Low-fat diet containing medium chain TG molecules
- Surgery

duodenal obstruction

- Very rare
- Usually presents 2 weeks post op
- Due to haematoma, seroma, superior mesenteric artery syndrome, adhesive band
- > 80% improve with conservative Mx

incisional hernia

- Very rare
- Aneurysm > occlusive disease
- Reduced tissue integrity?

abdominal compartment syndrome

- Abdominal pressure >20mmHg with organ dysfunction
- 10 55% in ruptured aneurysm
- Measured through
 - Urinary bladder pressure
 - Gastric pressure
 - Inferior vena cava pressure

abdominal compartment syndrome

- Decompression at >20mmHg: 71% survival rate
- Temporal closure with mash or vacuum assisted closure
- Mortality rate 56% vs 9% for mash and primary closure respectively
- But if mash closure at initial operation mortality was lower 51% vs 70%
- These patients are less likely to develop multi organ failure 11% vs 70%

abdominal compartment syndrome

- Haemoglobin of less than 10 g
- Pre-operative cardiac arrest
- Systolic blood pressure of <90 mm
 Hg for more than 18 min
- More than 3.5L of fluid resuscitation per hour at the operation
- Temperature less than 33C
- Base deficit of greater than 13

Pulmonary complications

- Major cause of morbidity and mortality
- Incidence: <u>+</u> 10%
- Atelectasis, infection, pulmonary oedema and ARDS
- Factors: CPD, smoking, obesity and infection
- Pulmonary function test

Pulmonary complications

- Stop smoking
- Chest physiotherapy
- + Bronchodilators
- Adequate post op analgesics
- Early mobilization

Impaired sexual function

- Impotence or retrograde ejaculation
- Multiple factors responsible
- True incidence unknown
- Impotence <10% but increases with time

Impaired sexual function

- Dissection along left side of aorta and proximal common iliac artery
- Ligation of internal iliac artery

Renal failure

Incidence: 1 – 6%

Renal insufficiency best predictor

Renal failure

Adequate fluid

Manitol

Prevent embolization

Cardiac complications

+ 10% of patients

 Cardiac failure cause mortality in 58%

Cardiac assessment

Thank you