What is it?

An endoleak is a common occurrence after endovascular aneurysm repairs (EVAR), where blood continues to fill the aneurysm sac outside the confines of the stent graft. Most commonly this is due to reversal of flow in the lumbar arteries, however it may also be due to incomplete apposition of the stent graft to the aortic wall, or a problem with the graft itself.

Embolisation of endoleak is an operative where the arteries causing the persistent filling of the aneurysmal sac are blocked off.

Who is it for?

Not all endoleaks require treatment; many spontaneously resolve over time, while others persist but do not cause an increase in size of the aneurysm. You may be referred for treatment if you have had scans that show increasing size of the sac or if you are developing pain relating to the aortic aneurysm. The purpose of the operation is to prevent rupture of the aneurysm.

How is it done?

This procedure can be done under sedation or general anaesthetic, in an operating room with specialised medical imaging equipment. Your interventional radiologist will pass a small catheter (tube) into the artery of the groin, guiding it under x-ray control into the artery leading into the part of the sac that is still filling. Alternatively, a needle may be placed directly through the skin into the aneurysmal sac. The sac of the aneurysm is then usually filled with a liquid agent, stopping the blood flow to the aneurysm.

What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- bleeding
- infection
- unintentional blackage of vessels to the bowel, spinal cord or lungs.

Follow up

This can often be done as a day case, but some patients may need to stay in hospital overnight. You will have a CT scan 4-6 weeks after your operation to assess for any residual endoleak and see your interventional radiologist in clinic after this.

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