

Surgical team at Brampton Civic Hospital performs cutting-edge procedure to treat abdominal aneurysm

New procedure to repair aortic aneurysm means patients will have best care in their backyard

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EVAR surgery

Dr. Varun Kapila (left) holding a stent and Dr. David Kelton with the catheter that acts as a delivery system for a new, less invasive EVAR (Endovascular Aneurysm Repair) surgical method now being applied at Brampton Civic Hospital. Staff photo by Rob Beintema

By [Radhika Panjwani](#), Brampton Guardian

Four days after undergoing surgery to repair a life-threatening abdominal aortic aneurysm at the Brampton Civic Hospital (BCH), Albert Guhl, 86, was up on his feet, cooking up a storm for his family in his Bolton home.

Guhl's surgery marked a historic milestone for William Osler Health System (Osler) in that the Peel senior was among the first to benefit from the cutting-edge, non-invasive endovascular aneurysm repair (EVAR) technique performed recently by a team of top-notch doctors, nurses and medical radiation technologists.

Guhl's scan in September showed his aneurysm – bulge in the aortic artery – had grown to more than five centimetres (normal diameter of the aorta in the abdomen is about two centimeters). Also, patients with aneurysms show no symptoms and are considered to be ticking time bombs because the rupturing of the enlarged artery can cause massive internal bleeding and that is usually fatal.

The surgical team that performed the first-ever EVAR at Osler included vascular and endovascular surgeons Drs. Varun Kapila and Leonard Tse and leading interventional radiologists Drs. Jeffrey Jaskolka and David Kelton.

“Dr. Kapila is my hero,” said a grateful Guhl. “I am a bit sore from where the two incisions were and that’s understandable. Other than that, I feel great. This (surgery) went fast and I am glad it did because otherwise I would have kept thinking: Will I wake up tomorrow?”

Traditionally, before EVAR, patients with abdominal aortic aneurysm would have had to undergo abdominal (stomach) surgery called open surgical repair (OSR). This would have involved making a large incision in the stomach area under full anesthesia. The procedure posed risks for those that had other underlying medical conditions.

The new EVAR is safe and relatively less painful as patients are discharged within a day or two as opposed to at least a week’s stay at the hospital previously, explained Kapila, chief, division of vascular surgery, WOHS.

“With EVAR, patients with these high risk factors can have a minimally invasive surgery and achieve the same outcomes,” he said. “The endovascular therapeutic program recently introduced at Osler leverages the strengths of endovascular, vascular surgeons and the interventional radiologists and the skillsets each of us has in order to offer a completely novel therapy to our patients right in their backyards.”

Kapila said the collaborative approach to patient-care practiced in many healthcare organizations in and around Toronto and the U.S. will now be able available to Osler patients.

To that end, Osler has been able to recruit some vascular and interventional “superstars” to its fold including Kapila and his team.

The introduction of the endovascular therapeutics program means Bramptonians will have easy access to cutting-edge treatments right here in the community, said Matthew Anderson, president and CEO, WOHS.

In EVAR surgery, the doctors repair the aneurysm by making small incisions in the groin area. Then, using a delivery system, in this case a long catheter, the surgeons insert stent grafts (a tube-like structure made of fabric and supported by a metallic mesh) inside the aorta. The stent is sealed above the artery and below the aneurysm in a way that it bypasses the enlarged portion completely allowing blood to flow to the legs.

At Brampton Civic Hospital, plans are currently underway to build a state-of-the-art operating theatre (OT) for vascular surgeries. The OT will be equipped with advanced tools that will allow physicians to offer advanced techniques to treat other conditions as well, said Kelton.

“Just like we used small incisions to go inside the aorta with EVAR, we are also doing a similar procedure for legs to prevent amputations in the case of diabetic wounds,” he said. “We are excited about the future and realize all this possible because of the leadership of the hospital. The future of medicine and patient-centric care is through a collaborative approach and we at Osler are hoping to be leaders.”