

# Aortic Endograft Ultrasound

## What is an aortic endograft ultrasound?

An aortic endograft ultrasound is a non-invasive test using sound waves, gel and a small probe to produce an image of the aorta and the graft. The aorta is the main artery that comes off of the heart and supplies oxygen rich blood to the body. An aortic endograft ultrasound uses no radiation, dyes, or needles.

## Why am I having an aortic endograft ultrasound?

An aortic endograft ultrasound is used to determine if there is a leak somewhere along the graft and/or any area of narrowing within the graft.

## How your exam is performed.

- You will be asked a brief history relating to the exam.
- You will then be asked to lie on your back with your head slightly raised.
- A sonographer will apply gel to the area of the abdomen being evaluated. An ultrasound probe will slide over your abdomen, producing an image. It is important to remain still so optimal images can be taken. You may be asked to hold your breath or roll on your side to obtain better images.
- You may hear your blood flowing while the sonographer acquires images.
- After the test you may wipe off any excess gel.
- The sonographer will then wrap blood pressure cuffs on your ankles and arms. Blood pressures will be taken at each location. You will feel the cuffs getting tighter as the pressures are obtained. When this is done you may go home unless you have other scheduled tests.
- A physician will interpret your test results. The doctor who ordered your test will then receive a report and discuss the results with you.

## Test Time and Preparation

This test takes approximately one hour to complete. You should not eat, drink, smoke or chew gum ten hours prior to your test. Doing so may cause gas, and we may not be able to perform a complete exam. Avoid foods that make you gassy the day before the exam. You may take your medications, but please use as little water as possible.

**Please remember to bring the order from your physician and a form of identification.**

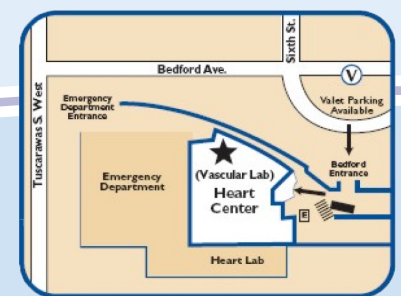
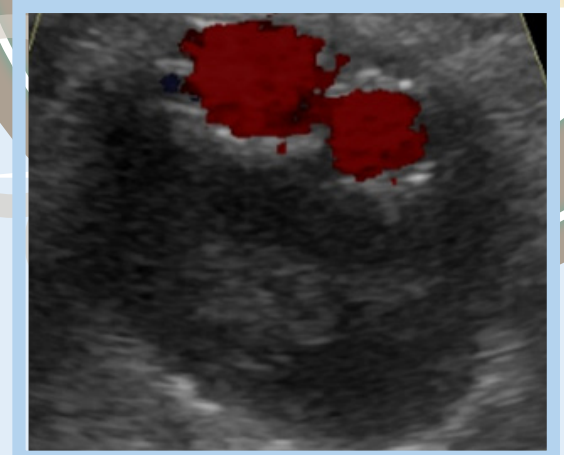
**Patient Name:**

---

**Appointment Date and Time:**

---

**THANK YOU FOR CHOOSING THE AULTMAN VASCULAR LAB.**



**Vascular Lab**  
**Phone: 330-363-6375**  
**Fax: 330-588-2600**

**Outpatient Hours:**  
**7:30 a.m. to 5:30 p.m.**

**Central Scheduling**  
**Phone: 330-363-6288**