

The Role Of Open AAA Repair In The Era Of F/EVAR And EVAR: Technical Tips

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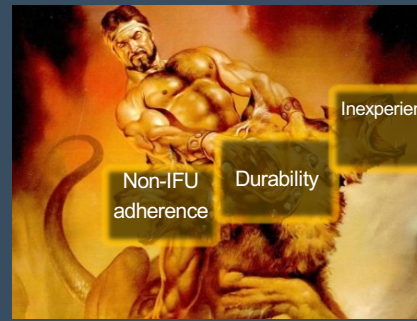
Disclosures

- Consultant:
 - Endologix, Terumo Aortic

Prediction of New Complications with EVAR

- *There is no doubt that the procedure achieves its purpose. Predictably, it will be offered at first to patients who are at prohibitive risk for conventional aortic surgery. As experience grows, it will be offered to patients who are good surgical risks, even those with aneurysms smaller than the ones conventionally requiring surgical repair. During this time, complications will occur, some of which are cited in this initial clinical experience. **As every interventional procedure has its own complications, new problems will arise.***

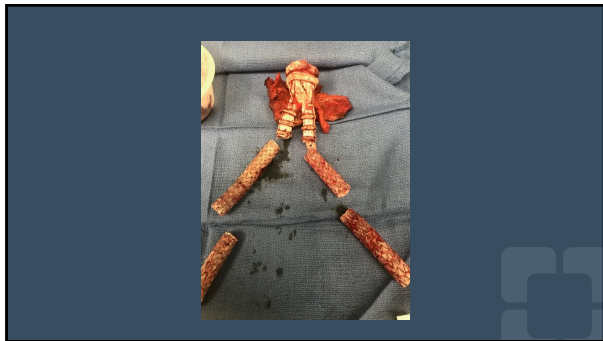
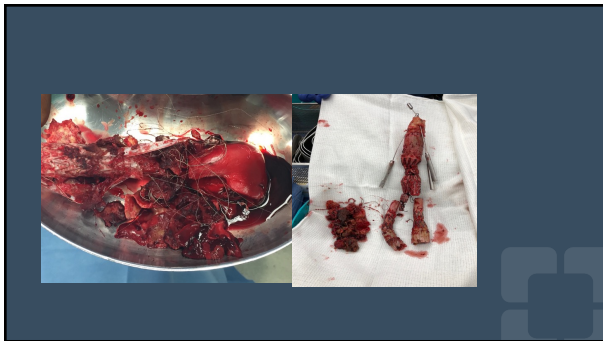
John Bergan, MD
 Annals of VS 1991



- Higher 30 day complication in open conversion
- Open associated with fewer re-interventions
- Open had better survival



Occam's Razor






Technical Challenges

- Incorporation of stents
- Periaortic inflammation
- Removal of suprarenal fixation
 - Device Specific

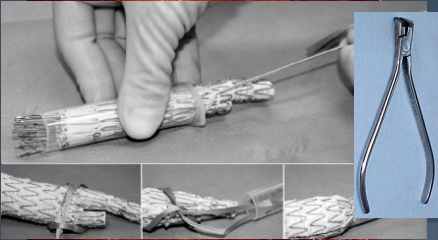


Barbed Suprarenal Fixation



Not all are the same

Technical Tips



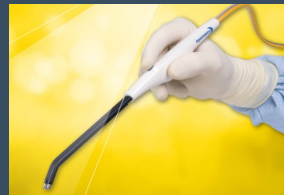
Visceral Endarterectomy



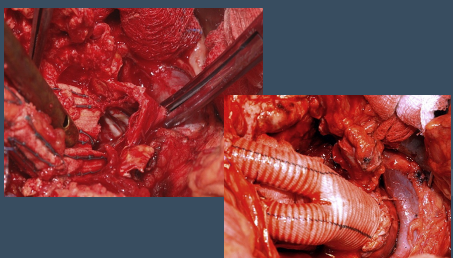
Don't Underestimate Lumbar



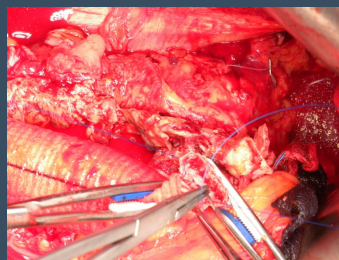
Adjuncts for Hemostasis



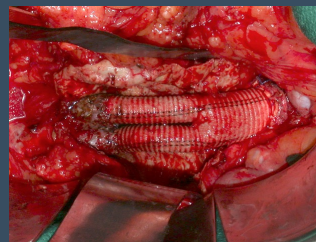
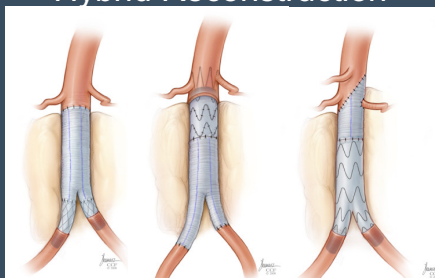
Leaving Proximal Stent



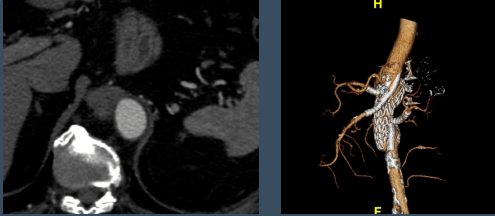
Sewing to Endograft Limbs



Hybrid Reconstruction

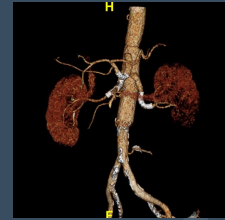


Failed EVAR are getting more complicated



Lessons learned

- Failed FEVAR/BEVAR that will be treated open require extensive planning
- Partial Bypass is often necessary
- OK to sew to incorporated mesenteric stents



Conclusions

- Failed EVAR/FEVAR incidence is increasing
- Endo Salvage is not always possible
- Open Conversion is safe in experienced hands and institutions
- Perhaps need to adopt open first approach in patients with aneurysmal disease

