



**Open repair of TAAAs following TEVAR treatment of TBAD:**  
 Technical tips; will this procedure survive the endovascular revolution

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No Disclosures

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Editor's Choice — Open Thoracic and Thoraco-abdominal Aortic Repair After Prior Endovascular Therapy

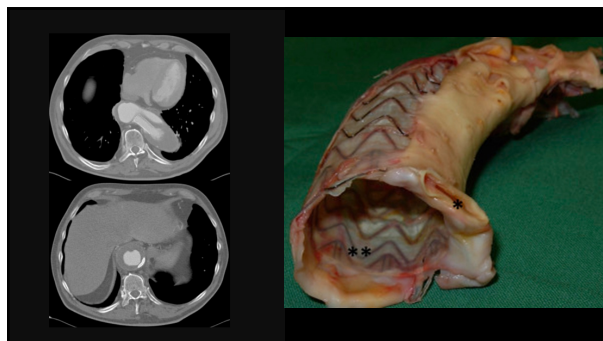
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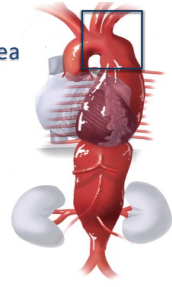
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**WHAT THIS PAPER ADDS**  
 This analysis confirms that open TAA(A) surgery as secondary procedure following endovascular aortic therapy is an important treatment option even in the endovascular era. Nevertheless, these complex procedures can entail significant risks and should therefore be reserved for specialised centres.

Indications for conversion after TEVAR for TBAD


- Type 1a endoleak
- Type 1b endoleak
- Persistent false lumen perfusion
- Proximal and distal aneurysm growth
- Endograft collapse/fracture/dislocation
- Endograft misplacement during initial procedure





**Problem area**

- Inadequate, short sealing zone
- Gothic configuration
- Involvement arch vessels
- Dissection
- Rigid septum
- Inadequate apposition
- Bird beaking
- Type 1a endoleak
- Malperfusion
- Retrograde type A dissection
- Aneurysm progression



Open repair after TEVAR for TBAD

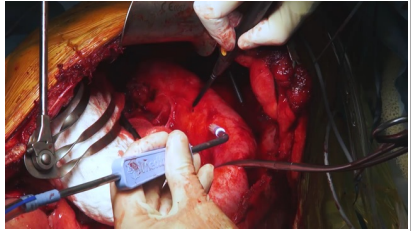
- Standard surgical technique
- Extra corporeal circulation
- Resection of entire septum
- Selective organ perfusion
- Monitoring MEPs
- Intercostal artery management



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### Summary

- A complex proximal landing zone after type B dissection is the main cause of insufficient endograft sealing
- Type 1a endoleak and aneurysm growth are the main complications
- If not solvable by endovascular solutions, open repair is a robust solution
- However, open repair is associated with significant mortality (10-15%)

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