



DEBATE Round 3 (Updated From 2023): The Vast Majority Of Failed EVARs Can Be Treated Endovascularly





Ross Milner, MD
Professor of Surgery
Chief, Section of Vascular Surgery
51st Annual VEITH Symposium
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Disclosures

- *Consultant:* Cydar, CyndRx (equity interest), Endoron, Endospan, Medtronic, Shockwave, Silk Road, VITAA, and WL Gore

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- I won last year (Tied now)

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Michel S. Makaroun, MD

Professor of Surgery and Clinical and Translational Science
UPMC Chair in Vascular Surgery
Director, Endovascular Surgery Program, UPMC

Education & Training


- BS, American University of Beirut
- MD, American University of Beirut
- Surgery Residency, American University of Beirut
- Surgery Residency, University Health Center of Pittsburgh
- Advanced Surgery Fellowship, University Health Center of Pittsburgh

Representative Publications

Dr. Makaroun's publications can be reviewed through [PubMed](#)

Research, Clinical, and/or Academic Interests

- Endovascular repair of abdominal aortic aneurysms



Contact

UPMC Presbyterian
200 Lothrop Street
Health Tower, Third Floor, Room E361.3
Pittsburgh, PA 15213
makaroun@upmc.edu
412-662-3034
[Click here for contact locations](#)

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Appollo Creed's manager to Rocky:

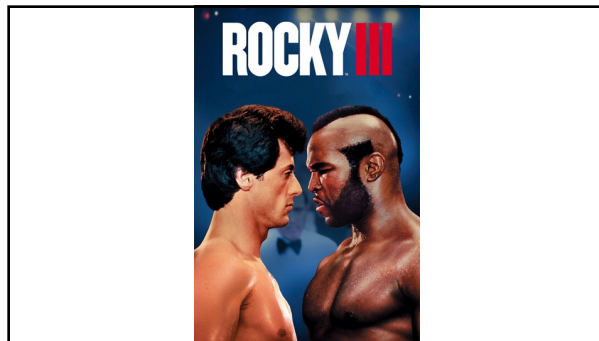
"He's going to prove it to the whole world by giving an unknown a shot at the title and that unknown is you."

VEITH 2022/203



Apollo Creed (Mak): "Ain't gonna be no rematch."

Rocky Balboa (Me): "Don't want one."



What is Failed EVAR?

- What is Failed EVAR?
- Infection
 - Rupture
 - Type 1A endoleak
 - Failed intervention
 - Expansion without a clear source
 - ?

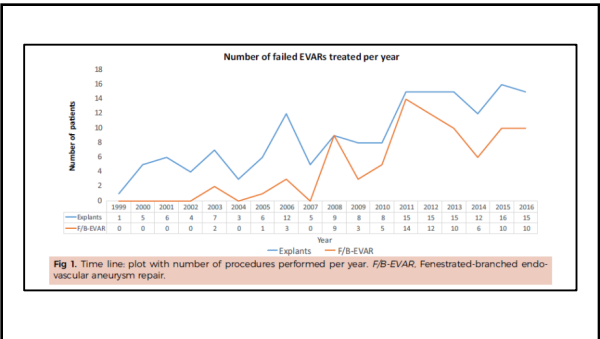
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- Outcomes
- Open explantation
 - 10% mortality in elective setting
 - 50% mortality for emergencies

From the Society for Vascular Surgery

Management of failed endovascular aortic aneurysm repair with explantation or fenestrated-branched endovascular aortic aneurysm repair

Agenor P, Dias MD, Behzad S, Farivar MD, Sean P, Steenberge MD, Corey Brier, MA, Yuki Kuramochi, RN, BSN, Sean P, Lyden, MD, and Matthew J, Eagleton, MD, Cleveland, Ohio



From the Society for Vascular Surgery

Conclusions: Explantation and F/B-EVAR are necessary options in treating patients with failed EVAR, and both techniques have competitive results. Different modes of failure may point to a preferred method of treatment; consequently, rescue of failed EVAR should be individualized according to each patient's presentation and resources available. (J Vasc Surg 2018;68:1676-87.)

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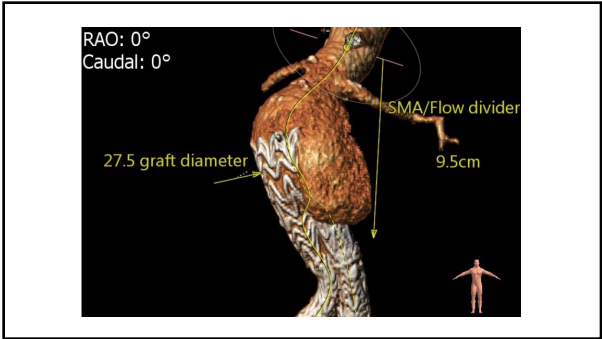
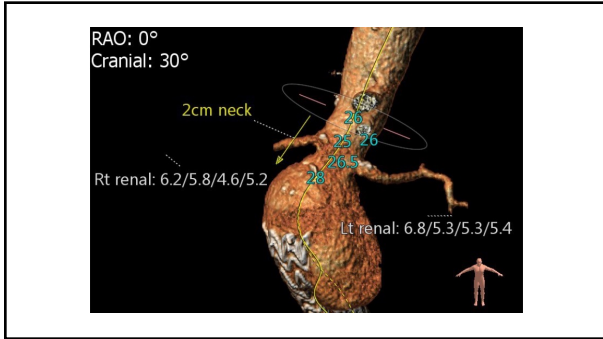
“In our cohort, F/BEVAR had better perioperative outcomes and lower aneurysm mortality...”

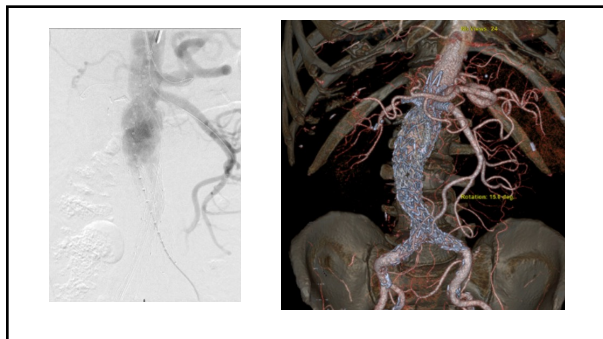
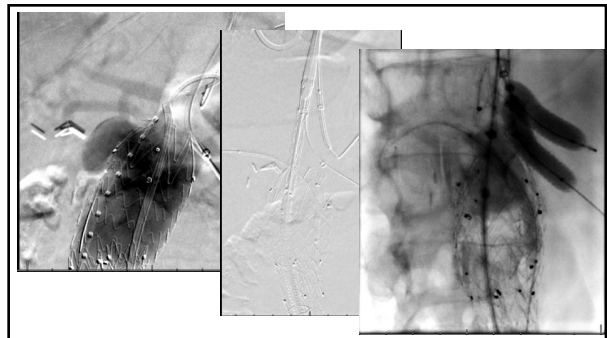
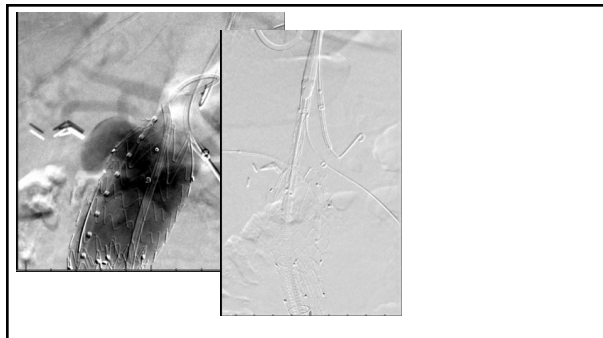
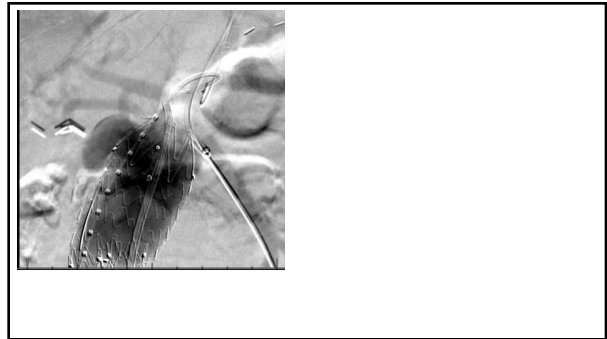
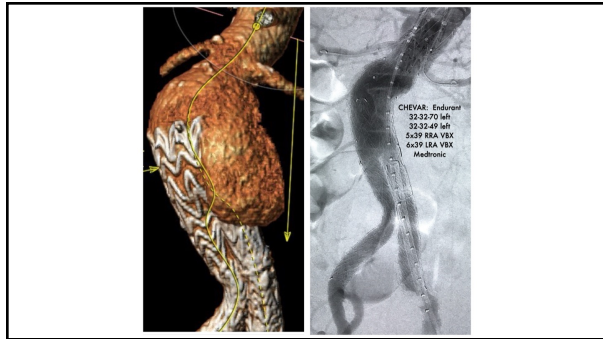
Discussion when presented at 2017 VAM

- Kevin Mani (Uppsala, Sweden):

“Explant is mainly used for infections, acute cases, or possibly the few cases of expansion without visible endoleak.”

Case Examples (Failed EVAR)





Open Surgery for "Failed EVAR"

- Many do not need conversion
- Banding of aortic neck
- Open sac exposure and ligation of lumbar arteries
- Partial explantation?

Conclusions

- Failed EVAR will be inevitable in some patients
- Endovascular solutions are possible in most cases
- Long main body devices are helpful during revision procedures
- Open conversion for extreme circumstances only due to morbidity/mortality

Thank you!

