Diagnosis and Treatment of Visceral Artery Occlusive Disease Before EVAR

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Disclosures

None

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Ischemic Complications and EVAR

- · Well recognized
 - Spinal Cord
 - Limb
 - Intestinal
 - Renal
- · Outcomes can be devastating

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Mesenteric Ischemia

- Not very well studied
- · Combination of
 - Low flow
 - Anatomic disruption
 - Embolization during the procedure

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Risk factors and outcomes for bowel ischemia after open and endovascular abdominal aortic aneurysm repair Mene Curskar, MPH.* Satridegit Locham, MD.** Husain N. Alshiakin, MD.* and Mahmoud B. Maks. MD. Mist.** Misterose Mat. and a Jakin Cash?

- Ruptured AAA
- Open repair
- Transperitoneal approach
- · Supraceliac clamping
- IMA reimplantation
- · Long operative time
- >1 U of blood transfusion

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Mesenteric Ischemia

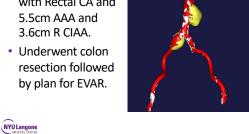
- History of prior bowel surgery that might interrupt collateral flow
- Preoperative Anatomic Assessment
 - Celiac
 - SMA
 - IMA
 - Hypogastric

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- 88 year old female with Rectal CA and 5.5cm AAA and

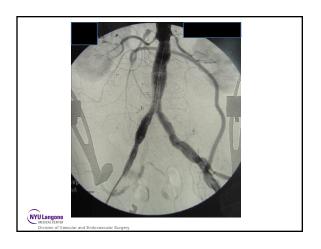






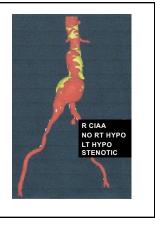






Case 2

- 82 year old obese male
- 6.2cm AAA
- EF 25%
- Right Hypo occlusion and Left Hypo stenotic

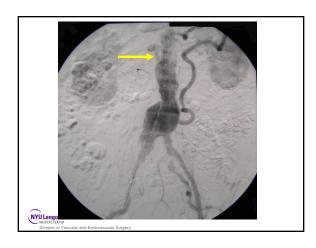


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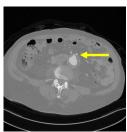






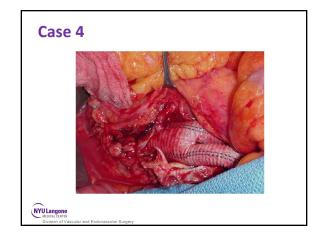
Case 3

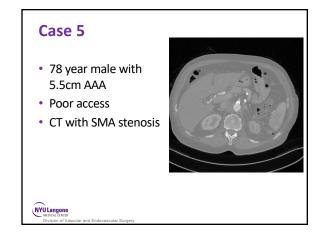
- 72 year old with infrarenal AAA
- Large IMA
- Healthy and good risk



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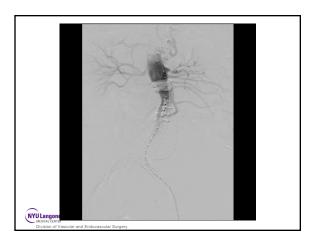




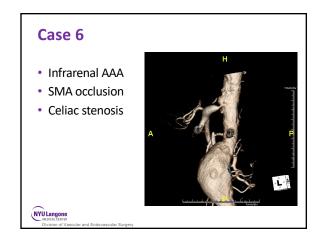












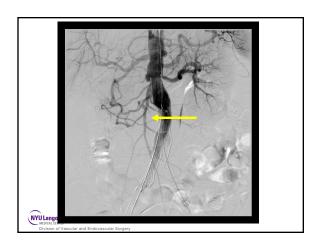












Approach to Management

- No Celiac/SMA disease and large (>5mm) patent IMA
 - Consider revascularizing the IMA
- Celiac/SMA disease with meandering mesenteric/patent IMA
 - Open mesenteric bypass
 - Endovascular stenting (retrograde option)
 - Consider open AAA repair
- · Celiac/SMA disease and occluded IMA
 - Risk unclear
- · Preserve hypogastric arteries



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Conclusions

- Evaluating ALL vessels is critical
- Visceral & hypogastric artery occlusions can occur in patients with AAA
- IMA disease is the most commonly encountered and may require revascularization
- Celiac or SMA may need pre-EVAR revascularization

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Thank You!

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