Rescue EVAR for rAAA: clinical success does not mean technical success

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I have no financial relationships to disclose.
Introduction

RAAA are almost always a fatal condition

- EVAR for RAAA seems to have better outcomes than open repair if certain strategies, techniques, and adjuncts are employed.

Veith FJ, Cayne NS, Berland TL, Mayer D, Lachat M. EJVES 2011
Case # 1

- Male, 82 yrs old
- E.R. for hypotension and tachycardia
- Huge 9cm rAAA
- Previous AMI and laparotomy
Challenging Anatomy

- Severe Proximal neck angulation
Challenging Anatomy

- Highly calcified and tortuous iliac axes

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Aortic Rupture

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Planned Strategy

- Fast 3D volume rendering reconstruction
- Medtronic Endurant I stent graft (25 x 16 x 145 and 16 x 13 x 95)
Endovascular Approach

- Hemodynamically stable patient (Locoregional anesthesia)
Endovascular Approach

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Endovascular Approach

- Bilateral iliac extension
  (Endurant 16x13x95 + 16x16x80mm)
1-month CTA – Type Ia EL
Endovascular Correction

- Proximal aortic extension (Endurant II 28x28 x 49mm)
Endovascular Correction

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HeliFX Endoanchors

EndoAnchor Implant
- 3.0mm diameter x 4.0mm length helix
- 0.9mm MPNNH-LT wire
- Anomalous conical tip
  (similar to SH1 needle)
- Diagonal bend at back end to prevent over-penetration

Stable fixation and durable seal

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3-months CTA – Type III EL
Endovascular Relining
1-Year Follow-up
Case # 2

- Male, 80 yrs old
- E.R. for ipovolemic shock
- 7 cm rAAA
- CAD, COPD
1-month CTA

- Endurant 25-16x120mm+
- 25-16x120 and 13-13x80 left limb
3-months CTA
6-months CTA
Type II EL Embolization

- Tornado Coils Embolization
Type II and Ib EL

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Type II and Ib EL

16-20x120mm Endurant limb

6 Tornado Coils 10/80mm
24-months CTA
EVAR for ruptured AAA allows better outcomes
- When is possible local anesthesia is raccomanded
- Preoperative planning in acute setting
- Secondary procedures can be tolerated

EVAR FOR 100% of PATIENTS
That's all Folks!