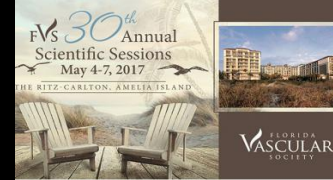


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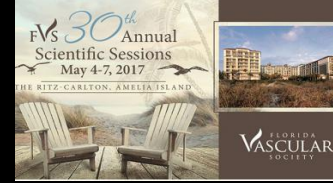


Endovascular AAA Repair: A Single Institution Experience

Department of Vascular Surgery
Cleveland Clinic Florida

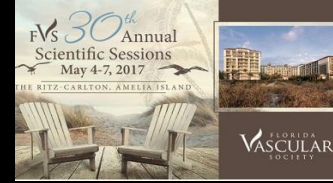
Hira Ahmad, MD; Morris Sasson, MD; Rajmohan Rammohan, MD; Terry King, MD; Mark Grove, MD.

Financial Disclosures



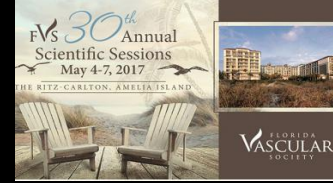
- None

Background



- Endovascular aneurysm repair (EVAR) is more frequently employed for abdominal aortic aneurysm (AAA) repair
- It is less invasive and has lower peri-operative morbidity and mortality than open surgical repair
- Aim of this study was to evaluate the operational outcomes, safety and efficacy of EVAR in our single-institution series

Methods



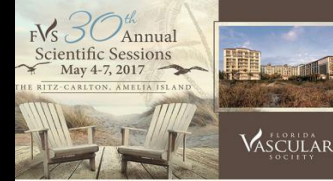
- Retrospective chart review
- Patients who underwent endovascular AAA
- February 2011 to June 2016.
- Medical records and imaging reviewed to define anatomic characteristics.
- Electronic charts reviewed for demographics, co-morbidities, and long-term outcomes.

Demographics



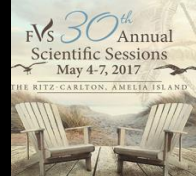
VARIABLES	N=96
GENDER	
MALE	82 (85.4%)
FEMALE	14 (14.5%)
RACE	
WHITES	75 (72%)
OTHERS	17 (16.3%)
AFRICAN AMERICANS	4 (3.8%)
WEIGHT (Kg)	46, 82, 124
HEIGHT (cm)	152, 175, 190
BMI	18, 27, 36
AGE AT ENCOUNTER	43, 73, 90

CO-MORBIDITIES



VARIABLES	N=96
HYPERTENSION	70 (72.9%)
HYPERCHOLESTEREMIA	58 (55.9%)
CAD	44 (45.8%)
PVD	29 (30.2%)
COPD	28 (29.1%)
STROKE	27 (28.1%)
DM	20 (20.8%)
SMOKING	
CURRENT SMOKER	13 (13.5%)
PREVIOUS SMOKER	67 (69.7%)
ALCOHOL	9 (9%)
HEART FAILURE	8 (8%)
MI	6 (6%)
PE	0

MEDICATIONS



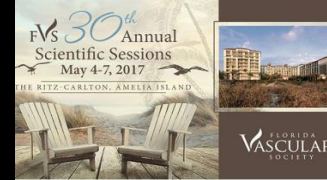
VARIABLES	N=96
ASPIRIN	86 (89.5%)
STATINS	73 (76%)
CLOPIDOGREL	67 (69.7%)
WARFARIN	14 (14.5%)

TYPES OF GRAFTS



VARIABLES	N=96
ENDURANT	47 (45.2%)
ENDOLOGIX	22 (22.9%)
COOK ZENITH	15 (14.4%)
OTHERS	12 (17.5%)

ANEURYSM/SURGERY



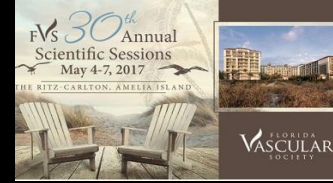
VARIABLES	N=96
AAA DIAMETER	4.9, 5.2, 7.5
FEMORAL ENDARTERECTOMY	17 (17.7%)
BLOOD TRANSFUSION	1 (1%)
SERUM CREATININE	1.1 +/- 1
LOS (days)	1, 4, 38
OPERATION TIME (mins)	93, 197, 480
EBL (cc)	50, 330, 4300
ENTRY SITE	
PERCUTANEOUS	33 (31.68%)
BILATERAL CUT DOWN	37 (35.52%)
ACUTE MESENTERIC ISCHEMIA	0
TYPE OF ANESTHESIA	
GA	96 (100%)

PRE/POST OP COMPLICATIONS



VARIABLES	N=96
ADDITIONAL INTRA OP PROCEDURE	0
COMPLICATION DURING SURGERY	0
EARLY POST OP COMPLICATION	
WOUND INFECTION	3 (3%)
BUTTOCK CLAUDICATION	6 (6%)
REINTUBATION	0
POST OP COMPLICATION	
DVT	0
PE	0
AKI	1 (1%)
READMISSION	2 (2%)
REOPERATION	3 (3%)
ENDOLEAK	17 (17.7%)
TYPE 1	2 (2%)
TYPE 2	9 (9%)
TYPE 3	6 (6%)
GRAFT INFECTION	1 (1%)
MONTHS OF FOLLOW UP	11.7, 17.3 , 27.6

Conclusions



- Our experience has shown that patients undergoing EVAR have excellent short-term outcomes
- Ongoing concern for endoleaks requires close surveillance
- Postoperative Endoleaks and the need for re-intervention continues to be a challenge after EVAR.