Emergency treatment of ruptured AAA after EVAR (rEVAR)

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Speaker name:
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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
EVAR 1 trial: Mortality \textit{rises} after 8 years due to \textit{secondary aneurysm rupture}

Increase in emergency operations of ruptured abdominal aortic aneurysms after EVAR (rEVAR)
34 rAAA

- 12 patients after EVAR
  - Age: 72 – 91 years (mean age 79 years)
  - Sex: all male
  - Time interval to EVAR: 15 – 2 years (mean 7.3 years)
  - „own“ patients 4 / 12
  - Time interval to last follow up: 6 Monate - 15 Jahre
Patients 2013 – 2016: n=12

Typ Ia (n=3)
  – Chuff (n=1)
  – Open conversion (n=2)

33% open conversion

Typ 3 due to disconnected main body (n=1)
  – Endolining using Y-stentgraft

Typ 3 due to disconnected limbs (n=2)
  – Limb interposition

Typ Ib (n=4)
  – Limb extension

Aorto-duodenal fistula (n=1)
Infected prothesis & perforation (n=1)
  – Xenograft
2013 – 2016 Examples

EVAR 2005
2013 - 2016

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2013 - 2016
2013 - 2016

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EVAR 2005
EVAR 2006
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rEVAR - Conclusion

- **More cases in the future**
- **Need for more** treatment modalities in emergency procedures
- **Open**
  - Septic aortic surgery
  - Suprarenal clamping & reconstruction
- **Endovascular**
  - Individual planning
  - New pitfalls
  - Canulation from above
  - Material on the stock
- **Centers with open & endovascular expertise**
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