

When Is Open Repair For Post-Dissection TAAAs The Best Treatment Option Especially For Preventing SCI:

Will There Be Surgeons Trained To Do It?

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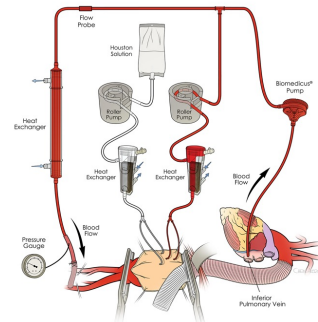
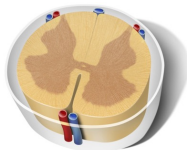
ALWAYS

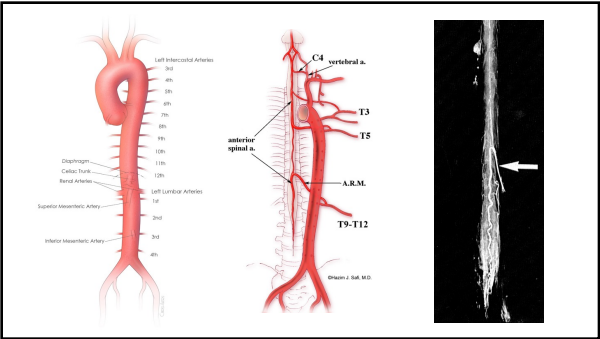
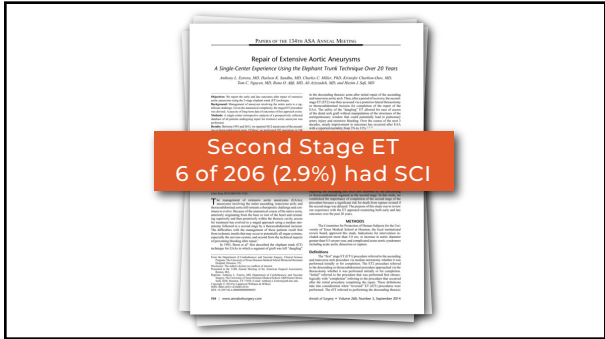
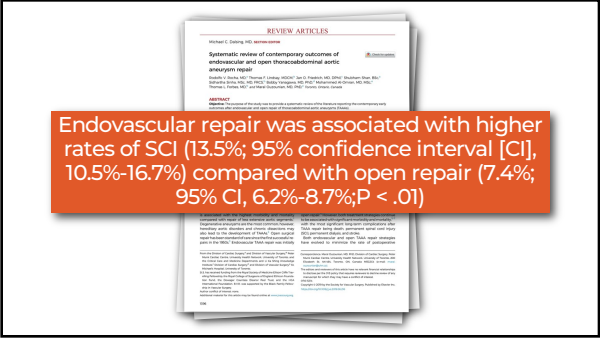
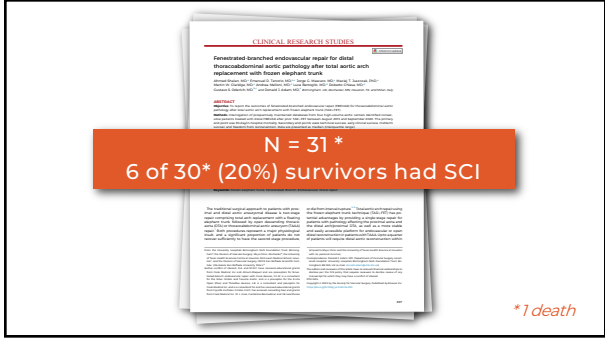
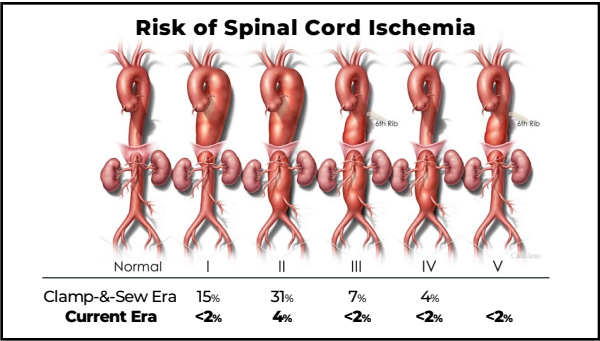
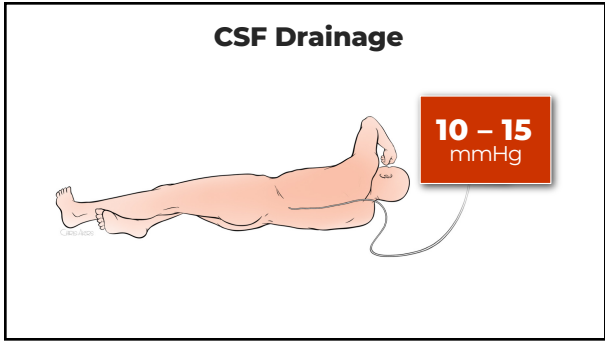
but... **NO**

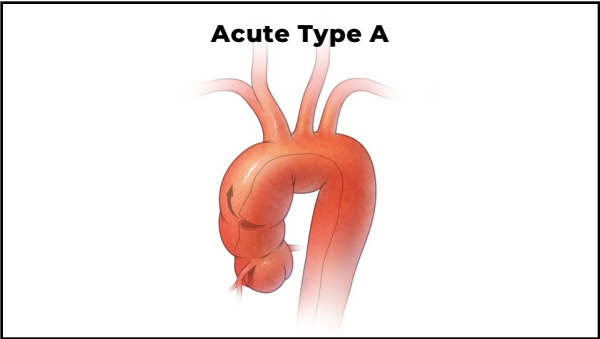
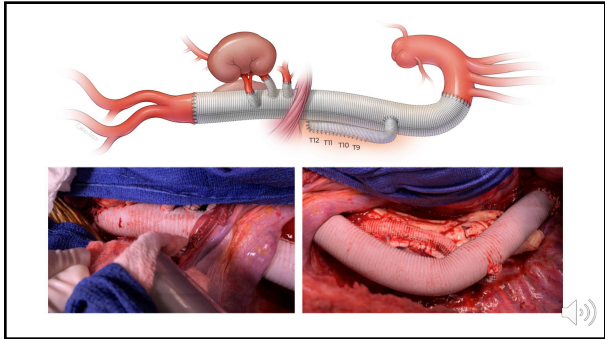
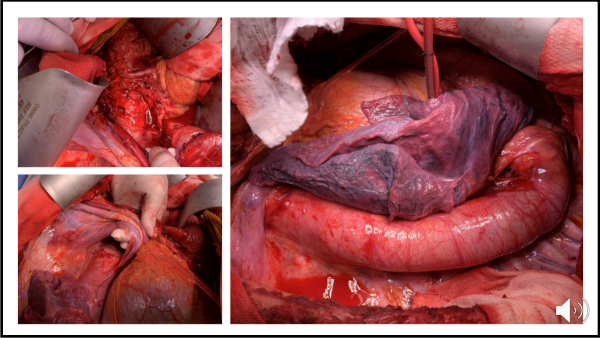
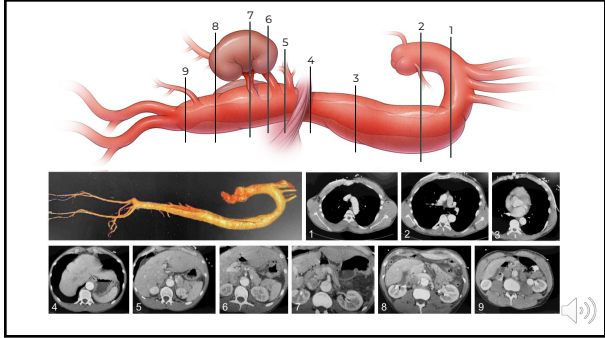
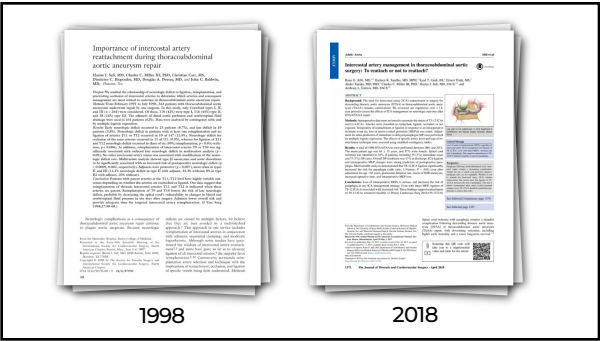
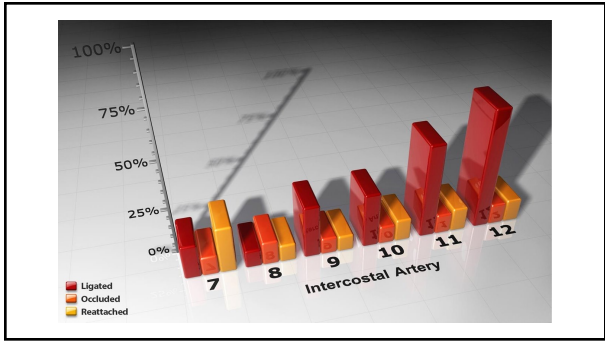
HJS, CCM, and AT have no financial relationships to disclose
 ALE is a consultant of Gore and Terumo Aortic

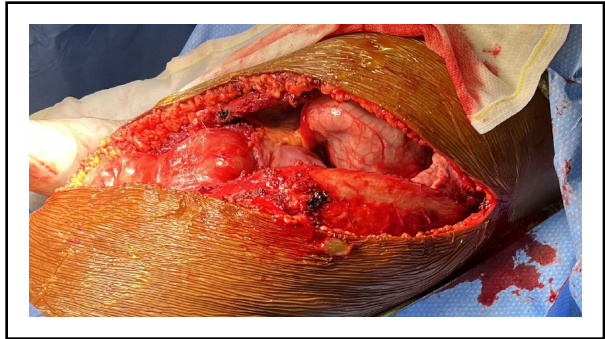
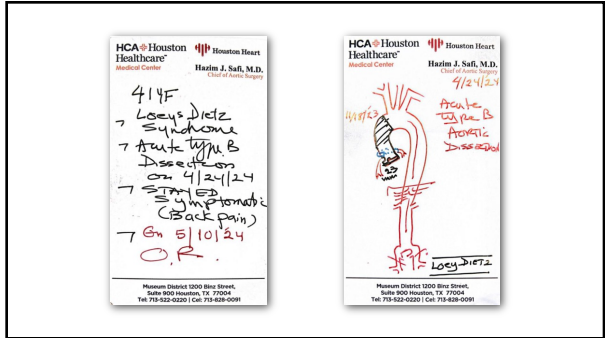
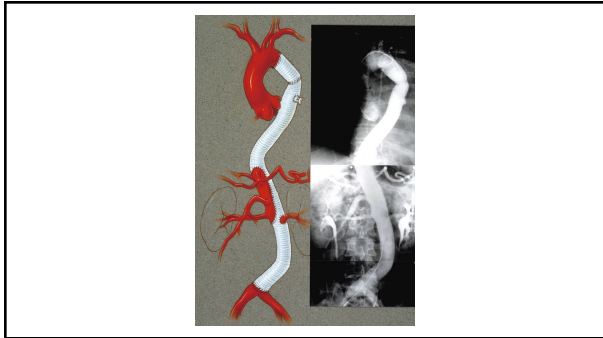
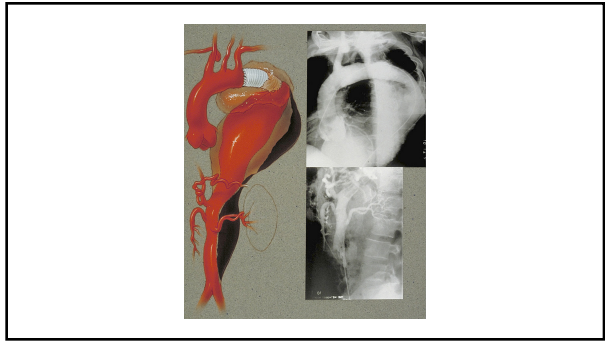
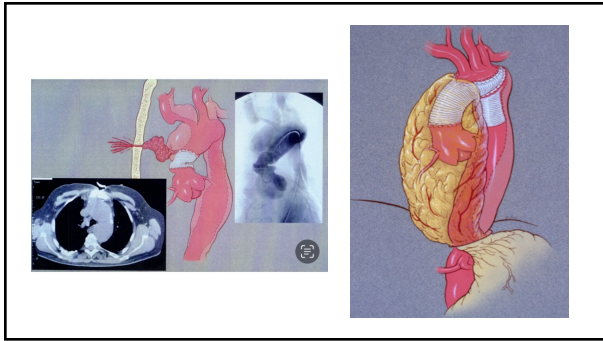
Spinal Cord Protection

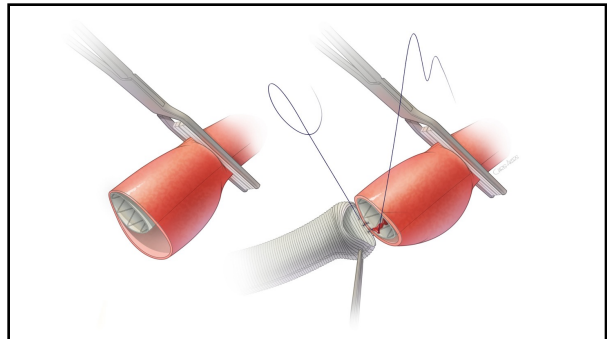
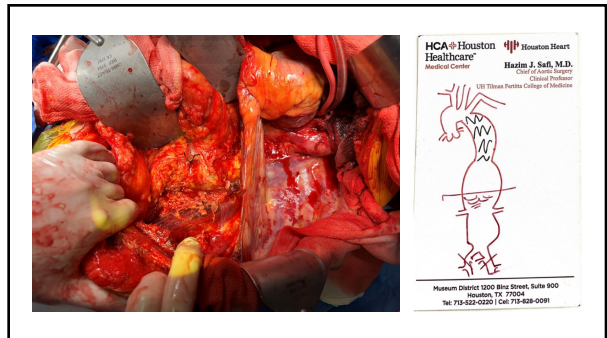
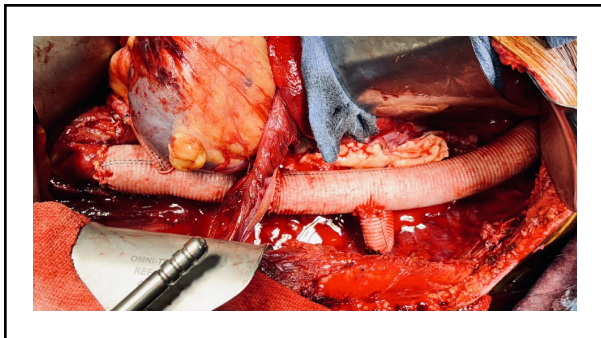
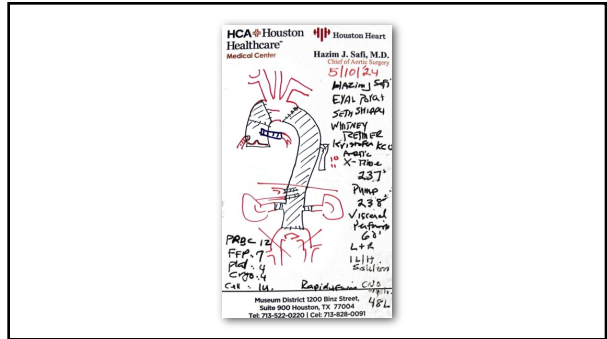
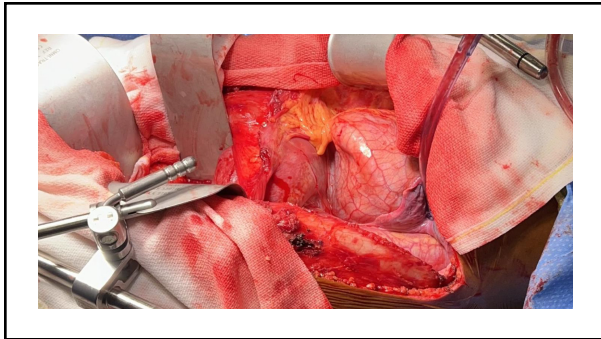
1. Distal aortic pressure
2. Moderate hypothermia
3. CSF pressure

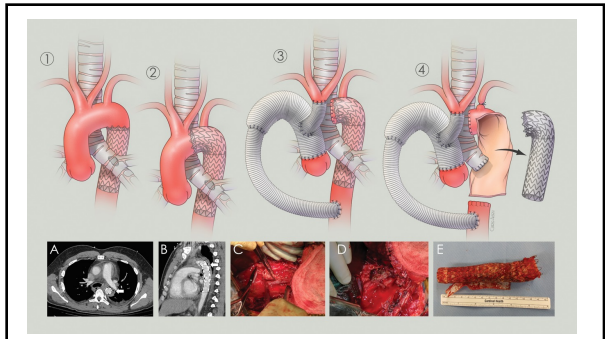
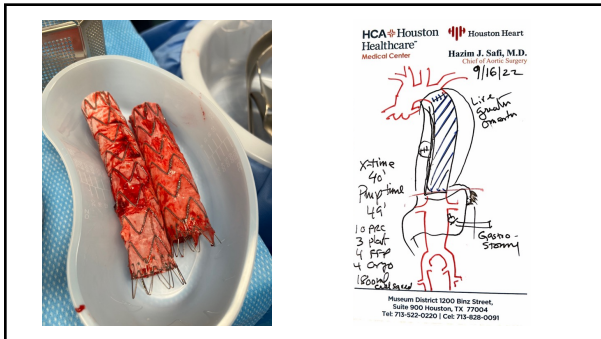
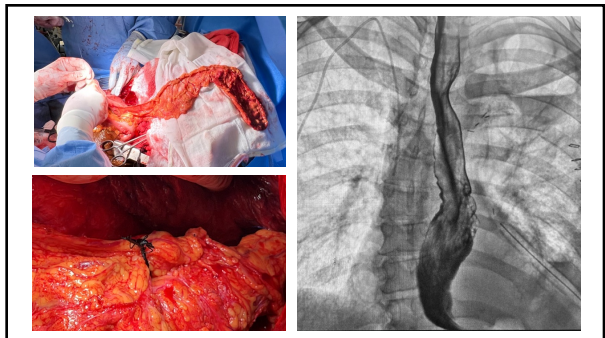
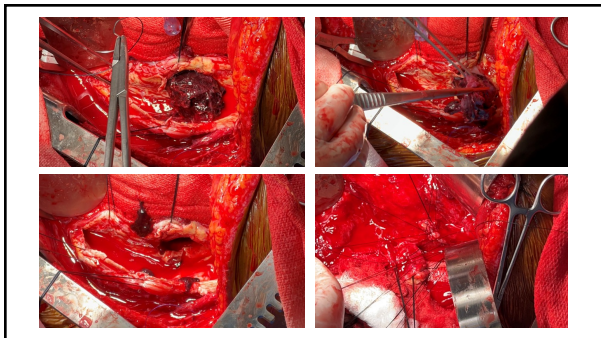
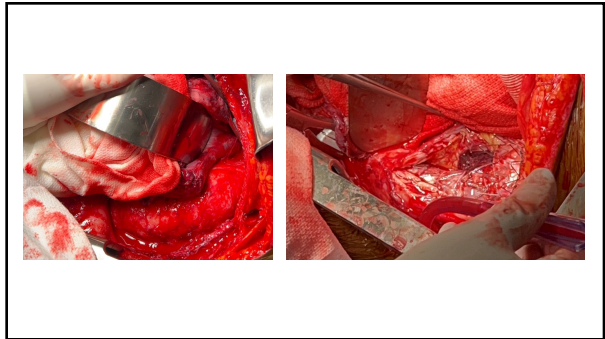
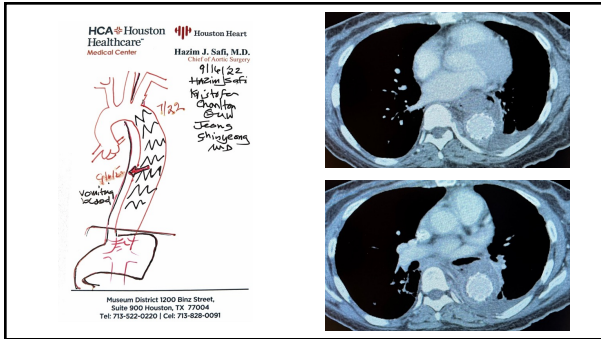


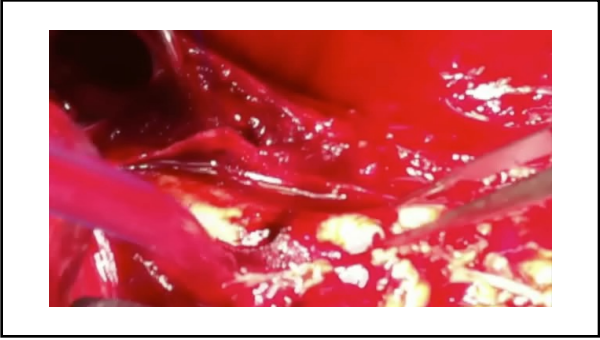
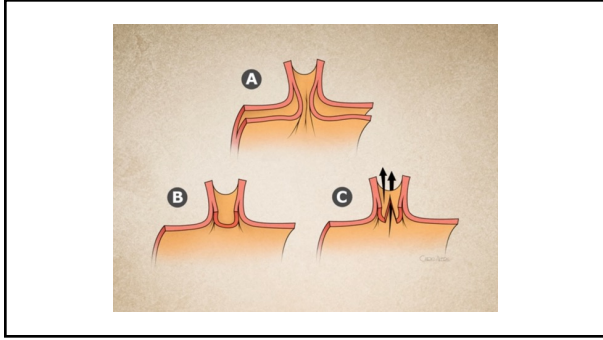
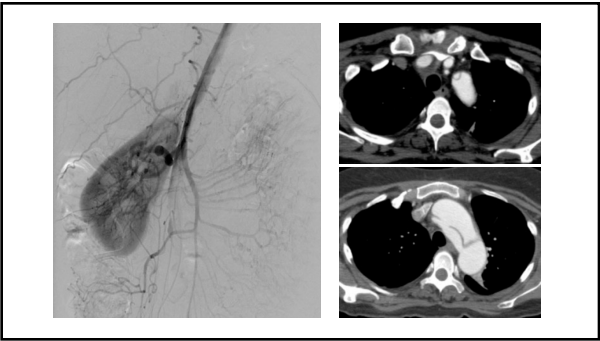
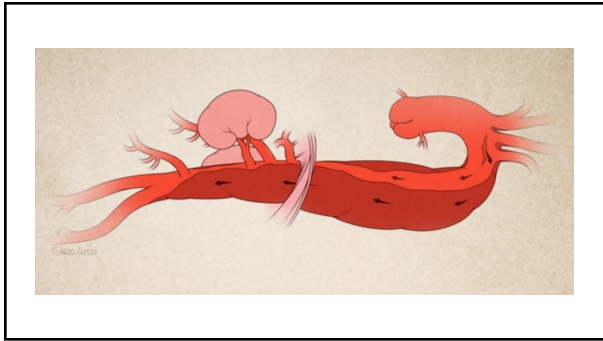












Circulation

ACC/AHA CLINICAL PRACTICE GUIDELINE

2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines

Developed in collaboration with and endorsed by the American Association for Thoracic Surgery, American College of Radiology, Society of Cardiovascular Anesthesiologists, Society for Cardiovascular Angiography and Interventions, Society of Thoracic Surgeons, and Society for Vascular Surgery

Endorsed by the Society of Interventional Radiology and Society for Vascular Medicine

Recommendations for Open Versus Endovascular Repair of TAAA		
Referenced studies that support the recommendations are summarized in the		
COR	LOE	Recommendations
Ruptured TAAA		
1	B-NR	1. In patients with ruptured TAAA requiring intervention, open repair is recommended. ¹⁸
2b	C-LD	2. In patients with ruptured TAAA requiring intervention, provided that the patient is hemodynamically stable, endovascular repair may be reasonable in centers with endovascular expertise and access to appropriate endovascular stent grafts. ⁸
Intact TAAA		
1	C-LD	3. In patients with Marfan syndrome, Loeys-Dietz syndrome, or vascular Ehlers-Danlos syndrome and intact TAAA requiring intervention, open repair is recommended over endovascular repair. ¹⁹
2b	B-NR	4. In patients with intact degenerative TAAA and suitable anatomy, endovascular repair with fenestrated stent grafts, branched stent grafts, or both may be considered in centers with endovascular expertise and access to appropriate endovascular stent grafts. ^{10,16}

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Conclusion

Open TAAA repair should be the first choice for:

- Patient with connective tissue disorder:
- Marfan:
 - Loeys-Dietz
 - Ehlers-Danlos
 - Familial aortopathy
- Age <50 years old
- Infection:
 - Aortoesophageal/bronchial fistula
 - Infected stent-graft or Dacron graft
- Malperfusion not amenable to endo
- Open repair for acute type A dissection is the gold standard

In regard to open aortic aneurysm repair... we need a candid discussion with SVS, Veith, and American Board of Vascular Surgery members.

Thank You!



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