



AAA Rupture After EVAR Behaves Differently From De Novo Rupture: How Should Treatment Be Modified In Patients With Post EVAR Ruptures

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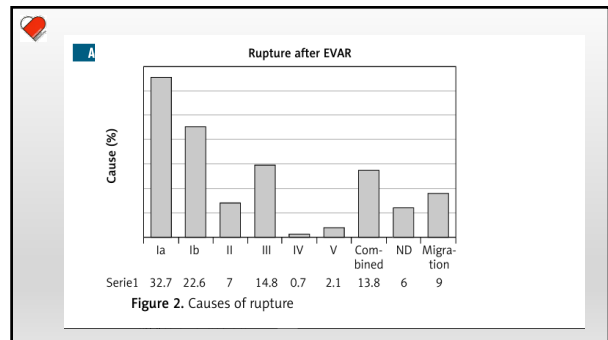
My disclosures:

- Consultant of Artivion
- Consultant of Terumo Aortic
- Consultant of Endologix

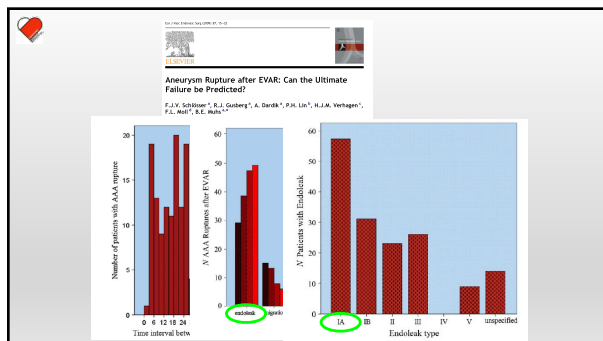
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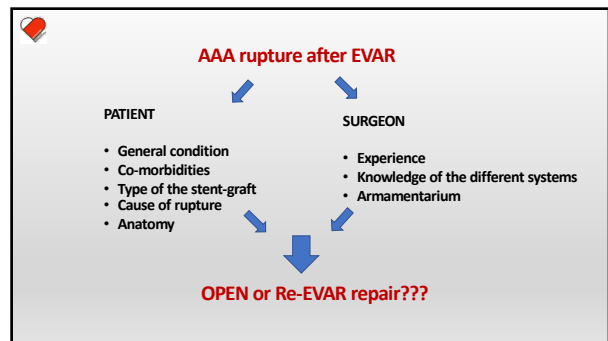
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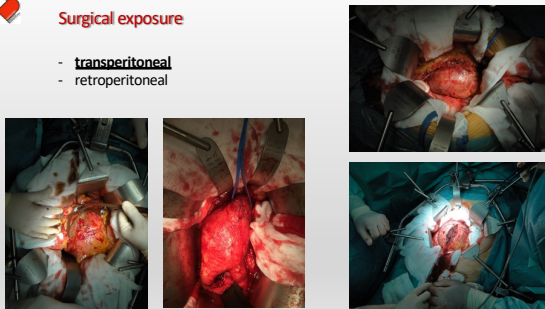
Planning of open conversion

- **Surgical exposure**
 - **transperitoneal**
 - retroperitoneal
- **Site of clamping**
 - supraceliac
 - suprarenal
 - transrenal
 - across the stent-graft
 - **aortic balloon occlusion** - brachial access
- **Stent-graft removal**
 - total
 - **partial**
- **Secondary intervention with stent-graft preservation**

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Surgical exposure

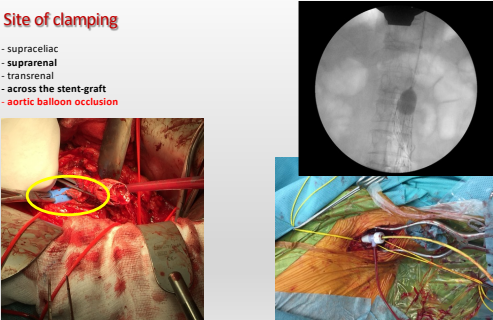
- **transperitoneal**
- retroperitoneal



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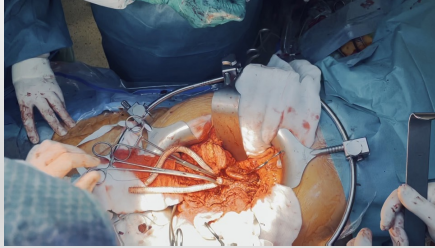
Site of clamping

- supraceliac
- suprarenal
- transrenal
- across the stent-graft
- **aortic balloon occlusion**



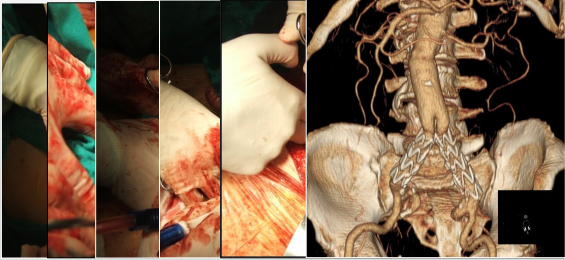
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Aortic balloon occlusion



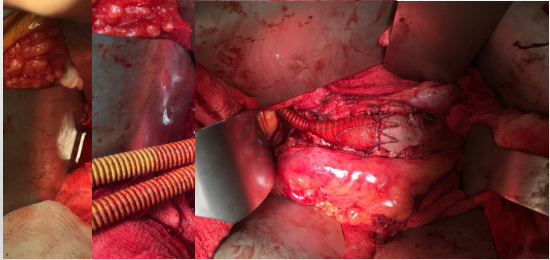
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Partial stent-graft removal (1) – proximal part

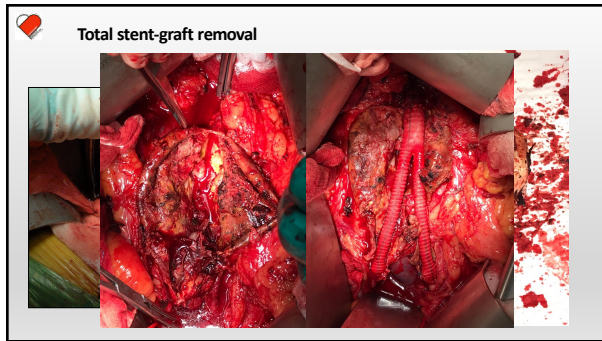


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Partial stent-graft removal (2) – distal part



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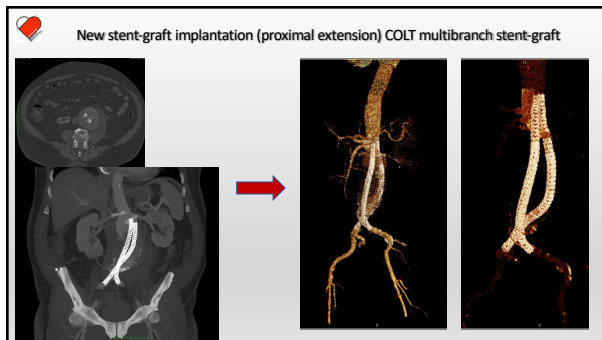


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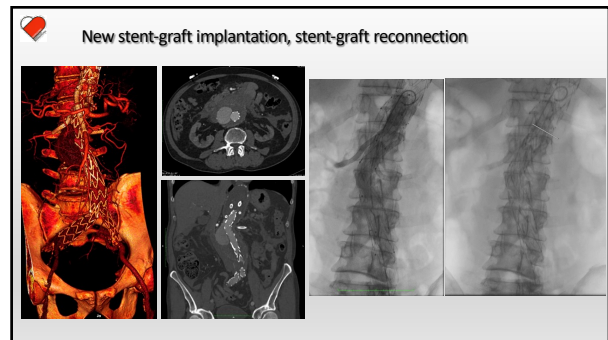
Planning of endovascular repair

- **Proximal extension**
 - Cuff
 - Another stent-graft
 - Multibranched device
 - Physician modified stent-graft (fenestrations)
- **Distal extension**
 - Leg extension
 - Iliac branch device

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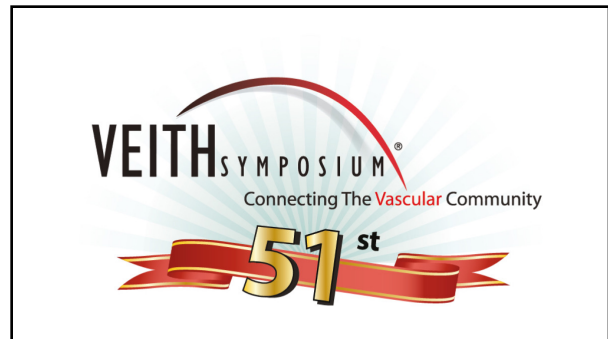
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Take home message

- In case of need to perform an urgent secondary open or endovascular repair, good knowledge of different devices used for EVAR helps the surgeon choose the best way of treatment.
- Each patient after EVAR should be carefully followed-up. Compliance with follow-up should therefore be closely evaluated and clearly discussed with the patient prior to the initial treatment choice between EVAR and standard open repair.

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