



### Mode of Elective Repair

Recommendation 65 (Unchanged)	Class	Level
For most patients with suitable anatomy and reasonable life expectancy, endovascular repair <b>should be considered</b> the preferred treatment modality for elective abdominal aortic aneurysm repair.	Ila	B

Recommendation 66 (Unchanged)	Class	Level
For most patients with long life expectancy, open surgical repair <b>should be considered</b> as the preferred treatment modality for elective abdominal aortic aneurysm repair.	Ila	B



### EVAR and Pre-emptive Embolisation

Recommendation 63 (New)	Class	Level
Routine pre-emptive embolisation of accessory renal arteries is <b>not indicated</b> .	III	C

Recommendation 64 (New)	Class	Level
Routine pre-emptive embolisation of the inferior mesenteric artery, lumbar arteries, and non-selective aneurysm sac embolisation is <b>not indicated</b> .	III	B



**New recommended follow up algorithm after standard EVAR**

Recommendation 104 (New)	Class	Level
Patients with compromised sealing zones * without visible endoleak, may be considered for reintervention to improve the seal, primarily by endovascular means.	Ib	C

Recommendation 105 (New)	Class	Level
For patients with a compromised proximal seal *, proximal extension with fenestrated and branched devices should be considered in preference to other endovascular techniques.	Ila	C

Recommendation 106 (New)	Class	Level
For selected patients with a compromised proximal seal *, elective open conversion may be considered as an alternative, provided the surgical risk is acceptable.	Ib	C

Recommendation 107 (Changed)	Class	Level
Secondary intervention for a Type 2 endoleak after endovascular abdominal aortic aneurysm repair should only be considered in the presence of significant aneurysm sac growth (> 10 mm)	Ila	C

Recommendation 108 (New)	Class	Level
Patients with persistent aneurysm growth after endovascular attempt(s) to treat Type 2 endoleaks should be considered for elective open conversion with or without graft preservation.	Ila	C

Recommendation 114 (Changed)	Class	Level
Patients who... have been stratified as low risk of complications * based on early post-operative computed tomography angiography, should be considered for low frequency imaging follow up during the first five years.	Ila	C

Recommendation 115 (New)	Class	Level
Patients who have undergone endovascular abdominal aortic aneurysm repair are recommended for long term imaging follow up regardless of initial risk stratification	I	B

### Ruptured AAA

<b>Recommendation 80 (Changed)</b>
For patients with a ruptured abdominal aortic aneurysm and suitable anatomy endovascular repair is recommended as the first line treatment option.

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### Complex Aneurysms

<b>Recommendation 120 (Changed)</b>	<b>Class</b>	<b>Level</b>
...standard surgical risk, open or endovascular repair should be considered based on patient fitness, anatomy, and patient preference.	Ila	C
<b>Recommendation 121 (Changed)</b>	<b>Class</b>	<b>Level</b>
...high surgical risk, endovascular repair with fenestrated and branched technologies should be considered as first line therapy.	Ila	C

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### Complex Aneurysms

<b>Recommendation 122 (Changed)</b>	<b>Class</b>	<b>Level</b>
Parallel graft techniques should only be considered as an option in the emergency setting, or as a bailout....	Ila	C

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### Ruptured Complex Aneurysms

<b>Recommendation 129 (Changed)</b>	<b>Class</b>	<b>Level</b>
For patients with a ruptured complex abdominal aortic aneurysm, open surgical repair or endovascular repair (with off the shelf branched stent graft, physician modified endograft, in situ fenestrations, or parallel grafts) should be considered based on patient status, anatomy, and patient preferences.	Ila	C

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### Case Volume

<b>Recommendation 3 (Changed)</b>	<b>Class</b>	<b>Level</b>
Centres performing abdominal aortic aneurysm repair should not have a yearly total caseload of <30, and not less than 15 of each by open and endovascular methods.	III	B
<b>Recommendation 4 (New)</b>	<b>Class</b>	<b>Level</b>
Centres treating complex abdominal aortic aneurysms should not have a yearly combined caseload of open and fenestrated/branched endovascular aortic repair of <20.	III	C
<b>Recommendation 142 (New)</b>	<b>Class</b>	<b>Level</b>
Patients with mycotic abdominal aortic aneurysms are recommended to be referred to high volume vascular surgical centres, for multidisciplinary management.	I	C

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### Summary

**CLINICAL PRACTICE GUIDELINE DOCUMENT**  
**Editor's Choice – European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms**<sup>12</sup>

- 2024 Guidelines contain 59 new recommendations
- A low number have level A evidence
- Continue to evolve and drive better clinical practice

Objective: The European Society for Vascular Surgery (ESVS) has developed clinical practice guidelines for the care of patients with aneurysms of the abdominal aorta and ilio-aortic aneurysms in accordance to the 2023 and 2024 versions, with the aim of assisting physicians and patients in selecting the best management strategy. Methods: The guideline is based on scientific evidence, synthesized through systematic literature searches. By incorporating and evaluating the best available evidence, recommendations for the prevention and treatment of aneurysms have been formulated. The recommendations are graded according to a modified Grading of Recommendations Assessment, Development and Evaluation (GRADE) system, where the strength of each recommendation is graded from 1a to III and the certainty of the evidence is graded from A to D. The guideline is based on the following topics: Surveillance, including surgical volume and timing, (endovascular, open, and combined). Management of patients with small abdominal aortic aneurysms (AAA), including surveillance, endovascular and open options, and initiation for repair. Open and hybrid, including open and endovascular repair, and endovascular repair and fenestrated/branched and composite AAA, including open and endovascular repair, and endovascular repair. Surveillance and repair of ilio-aortic aneurysms, including open and endovascular repair, and endovascular repair. Management of the aortic aneurysm, including initiation for repair and open and endovascular repair, and endovascular repair. Surveillance and repair of ilio-aortic aneurysms, including open and endovascular repair, and endovascular repair. Conclusion: The ESVS Clinical Practice Guidelines provide the most comprehensive, up-to-date, and unbiased advice to clinicians and patients on the management of abdominal aortic/ilio-aortic aneurysms.

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