Status of retroperitoneoscopic techniques in vascular surgery: they have value but will they catch on

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Veith Symposium, November 17-21, 2015

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TASC* D

Extensive lesions
Heavy calcified
Thrombosed prior surgery

TASC D

SURGERY
ENDOVASCULAR

OPEN
LAPAROSCOPY

TASC* D


Aortic Laparoscopic Surgery DISADVANTAGES

GENERAL
– Steep learning curve
– Poorly reproducible

TECHNICAL
– Aortic suture time
– Clamping time

VORTEC TECHNIQUE

Veith Symposium, Nov 2011
M. Lachat, Z. Rancic, T. Pfammatter and F.J. Veith

No disclosures
EVREST®

Endovascular RETroperitoneoscopic Technique

TECHNIQUE

POSITIONING

30° right lateral decubitus

TECHNIQUE

DISSECTION

Aorta → retroperitoneoscopy

Femoral arteries → open surgery

TECHNIQUE

PUNCTURE OF THE AORTA
INTRODUCTION OF THE CONNECTOR

DEPLOYMENT OF THE CONNECTOR

FINAL RESULT

October 2014; 48 (4): 400 - 406

- N = 12
- OSR 100%
- No disruption

Preliminary Results from a Prospective Study of Laparoscopic Aortobifemoral Bypass Using a Clampless and Sutureless Aortic Anastomotic Technique

Raghvinder Pal Singh GAMBHIR – ESVS Stockholm September 2014

- P16: Disruption 4 hours post surgery
- DEATH

Clinicians have a responsibility to report adverse events

Raghvinder Pal Singh GAMBHIR – ESVS Stockholm September 2014
**COMPLICATIONS**

- P17: Disruption during surgery
  
  Conversion to open surgery (Short left-sided transverse incision)

**SOLUTIONS**

- Specific graft

- Anchorage stitches
CONCLUSIONS

• Minimal invasive procedure
• (Sutureless) but anchorage stitches are mandatory!

• Clampless
• Doesn't need the use of an expensive robot

CONCLUSIONS

EVREST will catch on when specific graft will be developed