Open AAA Repair Is Becoming A Lost Art: Why and What Can be Done About It: Tips and Tricks For Learning It And For Doing It Well

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Disclosures
• Gore
• Cook
• Endologix
• Medtronic

What Can Be Done?
Open Repair When Appropriate
Avoid Compromised Endovascular

• Anatomic Constraints
• Graft Failure
• Infection

Fenestrated/Branch/Snorkels

Anatomic Constraints

Ruppert et al. JVS 2004
**Graft Failure**

- **Tips and Tricks**
  - Appropriate Preoperative Imaging
    - Devise a plan
    - Watch out for pitfalls—retroaortic LRV, occluded SMA...
  - Transperitoneal vs. Retroperitoneal
    - Right sided issues
    - Extent of aneurysm proximally and distally
  - Minimize Dissection
    - Don’t need circumferential exposure of aorta/iliacs
    - Leave the SMA/celiac alone
    - Only get what you need

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**Infection**

- **Tips and Tricks**
  - Appropriate Management of Clamps
    - Perfuse as much as possible
    - Infrarenal, suprarenal, supraceliac
    - Beware of iliac disease
    - Move clamps to perfuse
  - Minimize Ischemic Times
    - Preconstruct limbs
    - Remplant expeditiously
    - Sew quickly and precisely
  - Monitor Hemodynamics
    - Work with anesthesia
  - Resuscitate with Blood Products

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**CLINICAL RESEARCH STUDY**

Open abdominal aortic aneurysm repair is feasible and can be done with excellent results in octogenarians

Read the latest study, submitted by Dr. John Doe, in the Journal of Vascular Medicine.
Conclusions

• Open Repair Should Not be a Lost Art
• Still Indicated Under Certain Circumstances
• Patients can do well