F/B EVAR Is The Best Approach for Juxta- And Pararenal AAAs

Tim Chuter, DM
UCSF

Conflict of Interest

- Cook Medical Inc.
  - Research grants
  - Royalties on licensed patents

Definitions

- Juxtarenal AAA
  - Cannot clamp below the renals
- Pararenal AAA
  - Cannot sew below the renals

Axially-Oriented Cuffs

60mm-long Fluency Covered stents

Postoperative CT
Cuff-based Branches

- Effective
  - Few type I or III endoleaks
- Stable
  - No migration, dilocation, fracture
- Versatile
- Forgiving
  - Tolerates errors in planning and execution

Cuff-based Branches

- Needs > 25mm-wide pararenal aorta
- Supraceliac coverage regardless of aneurysm extent
  - LEW
- Multi-component
  - Long, complicated implantation

Fenestration-based Branches

- Less forgiving
  - More planning
  - More precise deployment
- Less coverage
  - Less LEW
- Tolerates pararenal aorta <25mm-wide
- Quicker Procedure

Late Failure

- 10% of cuff-based branches occlude
- 10% of fenestration-based branches fracture, migrate, dislocate, or occlude
Snorkels

- Not “investigational”
- High rate of endoleak
- No good bailout
- Favorable anatomy
  - A single low renal
  - Juxtarenal

Open Surgery

- Safe
  - In the young fit patient
  - In the absence of hostile abdomen
- Effective
- Durable

Other Factors

- High-volume centers get good results
  - Open or Endo
- For F/B EVAR add long experience, good imaging, access to modern devices
- Adequate funds
What Would Roy Do?

- Implant the stent graft in healthy aorta, even if that means doing a more complex repair

What Would I Do?

- Young, fit, juxtarenal
  - Open surgery (in a busy center)
- Old, frail, pararenal
  - F/B EVAR (in a busy center)