The Worst Patients For EVAR Are The Best For A Mini-Laparotomy Open Repair: How Is It Done

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No conflict of interest related to this presentation

Disclosure

SHORT and ANGULATED NECK, CIRCUMFERENTIAL NECK THROMBUS, ILIAC ANEURYSMS AND STENOSIS UNFIT FOR EVAR

...are not a contraindication to mini Open Repair

Abdominal incision centered on preop imaging

Angle > 60°
Thrombosis > 50%
Calcifications > 50%

no evisceration,
no special instrumentation,
Intra-abdominal bowel dislocation to right

NO SPECIAL INSTRUMENTS

PROXIMAL CLAMPING

An “L” shaped clamp or COSGROVE CLAMPS

ADDITIONAL INCISION FOR PROXIMAL CLAMP

DISTAL CLAMPING

COSGROVE CLAMPS

FOLEY CATHETERS CHEAPER AND SMALLER

CHEAPER AND SMALLER
Neck angulation is always anterior or anterolateral and eases horizontal aortic clamping.

A juxtarenal neck can be clamped below the renals by downward traction of the sac.

Externally supported proximal anastomosis

**CONCLUSIONS**

- **3A Patients with Neck problems and iliac issues are the worst for EVAR and are often treated off label**
  - Short and angulated necks can be clamped horizontally flush to the renal arteries
  - Externally supported proximal anastomosis allows to treat para and juxta-renal 3A without suprarenal clamping.
  - No special gear: use of self retaining retractor, flexible clamps, and long instruments for obese pts

**Early Results Mini**

- **MORTALITY**: 0%
- **Limb Occlusion**: 0%
- **Ascites (Klyous)**: 1.5%

**Elective open repair of 3A**

- **Patients 70**
  - **Mini OR 67 (96%)**

**MINI PREFERRED FOR HIGH RISK PATIENTS UNFIT FOR EVAR**

**SOME EXAMPLES OF ...SPAGHETTI BELLY.....**

**AORTIC GRAFTS**

**AORTO-BILIAC GRAFTS**