HAS EVAR LED TO A DECREASE IN AAA RUPTURE OVER THE LAST 2 DECADES OR HAS IT JUST LED TO MORE UNNECESSARY EVARS?

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November 2015

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Disclosures
• None

AIM
This study spanned over 2 decades from our first EVAR in 1992 to 2014
The aim was to quantify during each of these 2 decades:
• Ratio of open repair to endovascular repair
• Proportion of patients presenting with ruptured AAA compared to these presenting with intact AAA

OPEN V ENDOVASCULAR

Gp I 108:195 35.6%, Gp II 501:239 67.7%, p<0.01

INTACT V RUPTURED

Gp I 53:303 14.9%, Gp II 38:740 4.9%, p <0.001

OPEN V ENDOVASCULAR

AAA REPAIR 1992 - 2014

MAY 92 – MAY 96

OPEN EVAR

195 108 35.6%

JUNE 96 – SEPT 03

239 501 67.7%

SEP 03 – SEPT 14

199 679 77%
**INTACT V RUPTURED AAA 1992 - 2014**

<table>
<thead>
<tr>
<th>YEARS</th>
<th>INTACT</th>
<th>RUPTURED</th>
<th>% RUPTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY 92 - MAY 96</td>
<td>4</td>
<td>303</td>
<td>53</td>
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<tr>
<td>JUNE 96 – SEP 03</td>
<td>7</td>
<td>740</td>
<td>38</td>
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<tr>
<td>SEPT 03 – SEPT 14</td>
<td>11</td>
<td>878</td>
<td>47</td>
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**CONCLUSIONS I**

EVAR has led to a decrease in AAA rupture over the past 2 decades and has not just led to more unnecessary EVARS

**CONCLUSIONS II**

- Reduction in ruptures resulted in large part from cumulative removal of high risk AAA patients by way of endovascular repair, from the pool of those previously denied treatment until rupture supervened
- Negative impact on Vascular Trainees experience with open repair of ruptured AAA