Emergency EVAR should be the new and best standard of care for ruptured AAAs: why

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Emergency EVAR offers a greater chance to survive!

In ruptured AAAs suitable for EVAR

Numbers of diagnosed rAAA in GER 2005-2013

The real numbers may be 2-3 times higher!

Registry on AAAs of the German Vascular Society
Trenner et al. GEFAESSCHIRURGIE 2013; 18: 372-380

- January 1999 - December 2010
- 201 hospitals
- 41,469 AAA repairs in total
- rAAA: 4,589 (11.7%)
- Mean age 74 years
- AAA diameter 68mm
In-hospital mortality in ruptured AAA (DGG Registry)
Trenner et al. GEFAESSCHIRURGIE 2013; 18: 372-380

EVAR versus OR for ruptured AAA (risk adjusted)
Trenner et al. GEFAESSCHIRURGIE 2013; 18: 372-380

- 30 day mortality: 35.4% in the EVAR group and 37.4% in the OR group
- 1 year mortality: 41.1% in the EVAR group and 45.1% in the OR group
- similar re-intervention rates

Mortality of rAAA: EVAR versus OR

- Randomized trials: OR 0.90 (95% CI 0.65-1.24)
- Observational trials: OR 0.44 (95% CI 0.37-0.53)
- Registry data: OR 0.54 (95% CI 0.47-0.62)
Emergency room

**Emergency room**

- **Hemodynamically stable** (mean pressure > 60 mmHg)
- **Hemodynamically unstable** (mean pressure < 60 mmHg)

CTA: EVAR or OR

- Femoral access (LA)
- 12 Fr sheath
- On-table angiography
- Balloon occlusion

**OR**

- Morphology
- EVAR

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Thank you very much

- 82 yrs female
- Hemodynamic unstable/free rupture

- Aorto-unilac EVAR under GA
- Abdominal Decompression

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Thank you very much