Interhospital Transfer of Ruptured AAA’s for EVAR: Preposterous or Prudent?

Mortality in ruptured abdominal aortic aneurysms (rAAA) approaches 90%, and even in those patients that reach medical care, mortality can be up to 40-70%. As technological progress is made in our approach to AAAs, namely endovascular aortic repair (EVAR), increasing surgeon facility with this technology has led to more interest in EVAR for ruptured AAA (rEVAR). Several trials established that there is equal mortality between open repair and EVAR for rAAA and improved 30-day morbidity in the rEVAR groups, favoring endovascular repair in those with suitable anatomy. It has also been demonstrated that outcomes in rAAA are improved in larger, high-volume, teaching institutions. Natural history studies have shown that median interval of time of presentation to time of death in rAAA is ~8-10 hours. Given this body of evidence, taken as a whole, we believe that transfer to a AAA center of excellence in the case of a stable rAAA is not only feasible, but perhaps the more prudent of options given the equal mortality and improved morbidity.

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