Why the role of open surgery for AAAs is increasingly important: what are the current indications and how will vascular trainees learn to do it?

Disclosures

- Convenor ESVS Complex aneurysm workshop 2010-2017
- Equipoise in decision making based on mixed open/endovascular practice:

EVAR – the rise and rise

- Newer devices
- Newer techniques
- Lower profile
- Expanded IFU
- Increased adjuncts

US Open AAA surgery numbers

UK Open AAA surgery numbers
Current Indications for Open Surgery:

- Younger patients?
- Screen-detected AAAs?
- Adverse anatomy
- Proximal necks > 30mm?
- Failed EVAR

Life expectancy

Screen-detected AAAs

Adverse anatomy
Proximal necks >30mm

Conclusions:
- A 2 cm difference with most commercially available self-expanding stent grafts is non-acceptable, modifications, and an in vitro prototype when planning endovascular AAA repair under pelvic with bleeding, and the majority of AAA aneurysms have the length that serves well-tolerated in current commercial technology.

Failed EVAR

Training

• Simulation
• Cadaveric
• Large animal models
• Workshops

FEBVS exam
Conclusion

- The proposal that EVAR would be applicable to all AAA patients has yet to be fulfilled.
- Knowledge of durability problems in adverse anatomy, the need to treat failing EVAR devices and possible commissioning changes in the UK mean that open AAA surgery is still needed for now.
- A generation of trainees has become proficient in endovascular techniques, but remain inexperienced in open aortic surgery.
- This needs to be recognized and addressed with targeted education.