Of Course EVAR is Indicated in Many Patients Who Could Not Undergo an Open Repair: This is an Example of RCT Level 1 Evidence Being Outdated and No Longer Applicable to Current Practice

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Disclosures

- None

Select group of patients

- Multiple comorbidities
- Frailty index
Temporal Changes

• Evolving Technology
  – Lower profile
  – Better durability
  – Easier and more precise delivery/implantation
• Evolving Techniques
  – Percutaneous
  – Quicker
  – Avoidance of pitfalls

EVAR Expectations

• Prevents death from aneurysm
• Quality of life better than open repair
Open Expectations

- Patient tolerance
- Training paradigms

Conclusions

- RCT data does not account for all aspects
- EVAR preferred for patients who would do poorly with Open Repair