EVAR For RAAAs Is The Best Treatment: All Patients Should Be Treated By Some Endovascular Procedure. The Benefits Are Clear.

Disclosures

- AORTICA CORPORATION: Co-Founder

Harborview Medical Center

Mortality 2012

30-40 rAAA per year

Ruptured AAA Harborview 2002-2013 N=431

Management of ruptured abdominal aortic aneurysm in the endovascular era

From the Society for Vascular Surgery
A Decade of Lessons Learned

- Systems and Protocols Make a Difference
- Algorithms serve as surrogates for an organized approach to rAAA's and can be an overall marker for good quality care
  - Mortality
    - 18% in studies with an algorithm
      - (95% CI 10 to 26; P 86.9%)
    - 32% in those without
      - (95% CI 20 to 44; P 90.2%)

Moore et al. JVS 2007;45:443-50

Confirmed Ruptured AAA (CTA or US)

High Volume Institution?
Yes
No

Consider Transfer to Higher Level of Care to treat with EVAR?
Yes
No

Open Surgical Repair

Assemble Team, Activate “Code Rupture”

Yes

Assess Mortality Risk*

100% Mortality Risk?

Yes

Initiate Comfort Care Measures

No

Speak voice to voice with accepting MD, Initiate Transfer of Images to Host PACS

EVAR Candidate?

Yes

Adequate Inventory?

No

Hybrid Operating Room?

Yes

Remote Location?

No

Incl ement Weather?

Yes

Inability to Transfer?

No

Higher Level Unavailable?

Yes

Hemodynamically Stable?

Yes

AOB under Local (T12)

EVAR (Local )

Convert to GETA

Sus picion for ACS?

Yes

GETA and Decompressive Laparotomy

ICU / Resuscitation

Warming

No

Transfer

Permis sive Hypotension >70mmHg

Active Warming Measures

Fluid Resuscitation

Hemodynamically Stable?

Yes

No

Consider Temp Abdominal Closure for ACS

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Pre-Hospital Image Transfer

• Transfer Center
Emergency Room

- Pass-thru protocols
  - ID Band affixed to patients wrist on way to OR
  - Medics transfer patient directly onto OR table
- Massive Transfusion Protocol Activated
- Identify those patients with a 100% mortality risk
  - Implement Comfort Care Measures

DYNA CT

What about turn down rates?

Lesson #4 / 15

- 73% Qualify for EVAR
  - 95,751 images
  - 215 rAAA CTs
  - Aortic Neck determines candidacy most often
  - Iliac Access rarely an exclusion criteria with newer devices
PMEG RAAA Subject

Conclusion: Of Course EVAR is Better!

2016

The Immediate Management of the Patient with Rupture: Open Versus Endovascular Repair (IMPROVE) Aneurysm Trial-ISRCTN 48334791
IMPROVE trialists

Ruptured Abdominal Aortic Aneurysm
The Definitive Manual
Benjamin W. Stavros
Waseda University
Frank L. Cohus
Springer
EVAR For RAAAs Is The Best Treatment: All Patients Should Be Treated By Some Endovascular Procedure. The Benefits Are Clear.