Predictors Of Bowel (Large And Small) Ischemia After EVAR For RAAAs: When Is Colonoscopy Indicated

Hamid Jalalzadeh, Theodorus G. van Schaik, Jan J. Duin, Reza Indrakusuma, Sytse C. van Beek, Anco C. Vahl, Willem Wisselink, Ron Balm, Mark J.W. Koelemay

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Systematic review and meta-analysis of the risk of bowel ischemia after ruptured abdominal aortic aneurysm repair

Hamid Jalalzadeh, MD, Carlijn F. van Leeuwen, BSc, Reza Indrakusuma, MD, Ron Balm, MD, PhD, and Mark J.M. Koelemay, MD, PhD, Amsterdam. The Netherlands.

Prevalence 10%

The Value of Sigmoidoscopy to Detect Colonic Ischaemia After Ruptured Abdominal Aortic Aneurysm Repair

Hamid Jalalzadeh, MD, Carlijn F. van Leeuwen, BSc, Reza Indrakusuma, MD, Ron Balm, MD, PhD, and Mark J.M. Koelemay, MD, PhD, Amsterdam.

- Diagnosis of colon ischaemia is difficult after RAAA
- How effective is sigmoidoscopy?

- Retrospective cohort study
- AJAX-cohort (2004 - 2011)
- Patients who underwent RAAA repair
- Three major referral hospitals
- Survival > 6 h after arrival on ICU
Sigmoidoscopy: on clinical suspicion
- No ischaemia
- Inconclusive
- Mild ischaemia (grade I)
- Severe ischaemia (grade II or III)

Laparotomy or: reference standard
- No transmural ischaemia
- Transmural ischaemia

Results
- 345 patients with RAAA
- 81% OR vs. 19% EVAR
- Male: 80%
- Age: 74 ± 8.4 year
- 30-day mortality: 26%
Patients n = 345

Moderate clinical suspicion n = 46

Bloody stools (21 pts)
Septic profile (19 pts)
Diarrhea (6 pts)
Abdominal pain/distention (5 pts)
Unknown (4 pts)

Sigmoidoscopy Negative n = 16
Mild CI n = 19
Severe CI n = 11

Confirmed transmural CI 0/16 (0%)
2/19 (11%)
8/11 (73%)

Total: 10/46 (22%)
Conclusions

• Sigmoidoscopy is highly effective in ruling out colon ischemia
• When in doubt: transmural ischemia detection increases from 22% to 73%