Redo F/EVAR For Failed F/EVAR Due To Aortic Neck Degeneration And Dilatation: Technical Tips And Results

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Disclosure

- Proctor for Terumo Aortic (Vascutek)

Two problems leading to durability issues for EVAR and FEVAR

1. Biology: mechanical treatment of a dynamic disease!!

Aortic neck dilatation after endovascular abdominal aortic aneurysm repair: A word of caution

Nicolas Dihui, M.D.,* Florian Dick, M.D.,* Jerry Y. Kuo, M.D.,* Ignaz Schmidt, M.D.,* Christoph Beller, M.D.,* and Lisa Romagassinger, M.D.,* Mariah, Fox and Born, translational
Two problems leading to durability issues for EVAR and FEVAR

1. Biology: mechanical treatment of a dynamic disease!!
2. Aortic Neck Degeneration (AND) inevitably causes migration and changes in the geometry of stentgraft and target vessel stents

Graft migration after FEVAR (COOK)

154 patients were retrospectively enrolled from nine sites across the United Kingdom
- Proximal migration (median, +6.0 mm; range, +4.1 to +10.0 mm) was evident in 33 patients (21%)
- Proximal migration occurs in approximately one-third of patients by 4 years, all migration was caudal in direction, with 60% <6.0 mm in length

Experience Wilhelminenspital with F-ANACONDA 2013-2018: n=179

Neck degeneration as cause of migration and connecting stent stenosis/ change (n=5/179)

Three different faces of the Problem

I. AND with migration and loss of seal
II. AND without migration or loss of seal
III. AND without real migration or loss of seal but progression of aortic disease
Lessons learned

- Seal in the healthiest proportion of the aorta, the supraviscreal segment needs to be healthy

- Neck-degeneration or progression of disease +/- subsequent graft migration is rare but a concern for long term aneurysm exclusion and target vessel patency in FEVAR

Thank you!

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