Intraoperative Completion Control By Duplex Or Angiography Is A Must After CEA: From The German National Registry

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Rationale of intraoperative carotid imaging

- Perfect morphological result = small risk of any thrombosis/embolism
- Early detection of residual plaque/clot + immediate correction: periop strokes

Causes of Perioperative Stroke after Carotid Endarterectomy: Special Considerations in Symptomatic Patients

- technical errors are still the most common cause of perioperative stroke...

Our equipment: VeriQ c (MEDISTIM)
Evidence suggests that quality control strategies may reduce perioperative death/stroke rates.

**Revision rates between 3% and 8%**

- Different revision criteria
- No randomized trials

The number of intraoperative control exams increased over time

- The in-hospital stroke/death rates decreased over time

**Routine intraop imaging is a MUST**

- Major technical errors can be corrected immediately, stroke rates
- Valid documentation of the technical result
- In endovascular therapy a final look at the end result is essential

**German Carotid Registry**

- Elective CEA for (a)symptomatic car sten, > 140,000 cases
- Intraop imaging in 67% of cases
- Any in-hospital stroke or death 1.8%

L.A., patch plasty compared with primary closure, antiplatelet medication, AND intraoperative completion studies by DUS or angiography were independently associated with lower in-hospital stroke/death rates after CEA
“Don’t hurt my brain. It’s my second favorite organ”
Woody Allen (1973)

Never forget!!

“Trust, but verify - doveryai, no proveryai”
President Ronald Reagan in the context of nuclear disarmament

Do not trust a vascular surgeon, unwilling to verify his surgical endproduct, if the brain is the target organ

Thank you very much

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