How to Do Most CEAs with Good Outcomes: Patches Cause Several Major Problems

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- Sanofi-Aventis, Pfizer, Ulbrich, Bolton Medical
- SFI, NUIG, EI, NSAI, HRB
- European Commission, Erasmus+

Disclosure

Use Of Patches In Large Trials
- In NASCET & ECST Patching Was Left To Operators Preference
- In NASCET 83% of Patients Had Primary Closure, 9% Had Vein Patch Closure & 8% Had Synthetic Patch Closure

Selective Patching In Narrow Arteries Has Not Been Studied In RCTS
No Clear Indications For Selective Patching
Despite Limitations of Data, Results of This Review Support A Recommendation In Favour of Routine Patching
Surgeons Always understand the Evidence Differently
It is Up To Surgeon To Decide Whether To Patch or Not
Variation of Eversion CEA vs Longitudinal Primary Closure was 1%–23%.

Use of Patch with Longitudinal Endarterectomy 87%–99%.

Ten-year Survival Rate Was 38.4% in Bovine Vs 45.0% in Other Technique & This Was Statistically Significant.

6% Re-exploration in Bovine Vasu-Guard Group.

Additional Randomized Trials with Adequate Follow-up Periods Are Needed to Compare Bovine Pericardium Patches with Other Patch Materials.
To Assess Patch Complication Rates Following Carotid Endarterectomy & To Identify Factors Influencing Patch Failure

Primary Endpoint Is Prevalence & Presentation Of Carotid Patch Failure After CEA

Secondary Endpoints Is 30 Days Post-re-intervention Stroke & Mortality & Long Term Outcome

Aim Of Study

Never Reach Out Your Hand, Unless You Are Willing To Extend An Arm
No Evidence of Superiority of Any Patch Type
Late Catch Up Phenomena of Patch Disintegration is A Call For Concern
Bovine Patches Had Shown Accelerated Restenosis Rate In Diabetic Symptomatic Young Woman
Vascular Surgeon Must Get Better At Eversion Endarterectomy
Primary Closure is An Alternative Option in 5 mm ICA or Larger & Only If You Use 7/0 Proline

There is No Evidence For Superiority For Any Closure Method For The Most Performed Procedure By Vascular Surgeons

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