When Is Open Surgery The Best Treatment For Visceral Occlusive Disease And Aneurysms And Why

Pr Laurent CHICHE, MD, FEBVS
Department of Vascular Surgery
Pitie-Salpetriere University Hospital, Paris, France

Disclosures

• I have no financial disclosures to declare

No debate / monotroncular PTA!

WHEN?: Decision criteria

• Related to the patient: fit for surgery?
  • Past medical history, comorbidities
  • Cardiac and respiratory status…

• Anatomic criteria: fit for endovascular treatment?
  • Isolated lesions: mono, bi ou tritroncular
  • Associated lesions: abdominal and thoracoabdominal aorta, renal arteries, iliofemoral arteries…SA T, ascending aorta
  • Extension of lesion
  • Calcifications
  • Occlusive or aneurysmal disease...

• Personal choices and team experience
  • Complete or uncomplete revascularization, isolated or associated
  • Mastering of surgical approaches and techniques

Proximal occlusive or aneurysmal lesions

Direct and indirect reimplantation

Short and long occlusive lesions - Aneurysms

Retrograde bypasses (avoid aortic clamping)
Giant hepatic artery aneurysm

Retrograde reno-hepatico-splenic PTFE bypass

IMA direct reimplantation + SMA retrograde bypass

Long fibrodysplastic occlusive lesions

Antegrade bypasses

Stenosis + dissecting post-stent aneurysm / SMA

Antegrade bypasses

Antegrade prosthetic bypasses

TAA 4 + multipedicular occlusive visceral and renal lesions

Antegrade prosthetic bypasses
Sus-prosthetic TAAA 4 with enlarged visceral ostia

Aortic replacement + antegrade bypasses

Aortic and multipedicular occlusive visceral and renal lesions / Takayasu

Aortic bypass (dorsal aorta) + antegrade bypasses

Coral reef atherosclerosis

Transaortic endarterectomy

Coral reef atherosclerosis

Transaortic endarterectomy

Aortic endoluminal tumor extending to visceral arteries

Transaortic endarterectomy + antegrade bypasses (SFA)

Dissecting aneurysm + distal thrombosis

Antegrade bypass + patch angioplasty
**Proximal + distal occlusive lesions**

Transaortic endarterectomy + troncular endarterectomy (patch)

**Transaortic endarterectomy + troncular endarterectomy**

**Antegrade extraanatomic bypass**

- Multoperated patients
- Special anatomic conditions / DTA or AA (disssection, periaortitis, quality of aortic wall...)
- Strategy / combined bypass when necessary to approach the ascending aorta

**SMA aneurysm + coral reef aorta**

**Aortic replacement + complex bypasses**

**WHEN?**
- Whenever a single and simple endo procedure is not indicated: a lot of situations in patients fit for surgery

**WHY?**
- Open surgery fits to every anatomy and lesions
- Numerous strategies (approaches, techniques, inflow axis, arterial substitute...)
- Open surgery best preserves visceral branches to the gut
- Excellent long-term results whatever the technique

**Conclusions**