Introduction:
Endo Vascular Aneurysm Repair (EVAR) for ruptured infra renal abdominal aortic aneurysms (rAAA) is proven to provide short term benefit compared to open surgical repair (OSR). Anatomical considerations are the main factors limiting patient suitability for EVAR. In our institution we have an EVAR 1st option protocol for ruptured AAA. We analysed the CT angiography images and the clinical outcomes of all rAAA who underwent surgical repair in our practice over the past 5 years to determine the efficacy of this EVAR 1st protocol and its applicability.

Methods:
A retrospective analysis was carried out for pre-operative CTA images and mid term results of all rAAA patient who received surgical repair either EVAR or OSR between October 2010 and December 2015. Primary end points were anatomical suitability for EVAR, technical and 30 days clinical success. Secondary end points were mid term mortality, hospital and ICU stay, and complication rate.

Results:
18 patients were identified. Mean age was 74 years (Range 58 – 89). Mean aneurysm sac size was 81 mm (Range 53 – 114). 16 patients (89%) were anatomically suitable for EVAR according to instructions for use, and 2 were not (11%). 17 patients received EVAR (95%) and 1 had OSR (5%). 1ry technical success was 89%. 30-days mortality was 27.7%.

Conclusion:
EVAR as a 1st option protocol for rAAA is effective and can accommodate most of the patients reaching operative theatre. A larger number of patients can be fitted in the protocol under experienced hands and by adopting a more flexible approach to instructions for use.

Anatomical Suitability of Ruptured Infra Renal Abdominal Aortic Aneurysm for Endovascular Repair as a First Option

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