EVAR Planning

Assessment

- **One stop assessment**
  - Chat with Aortic CNS
  - Anatomic assessment (CTA)
  - Fitness assessment (CPET)
  - Anaesthetic review
  - Clinical assessment by Vascular Surgeon
    - Patient's body habitus
    - Abdominal scars
    - Pulse status of the LL
    - ? Popliteal aneurysm

- **All patient are discussed in MDT**

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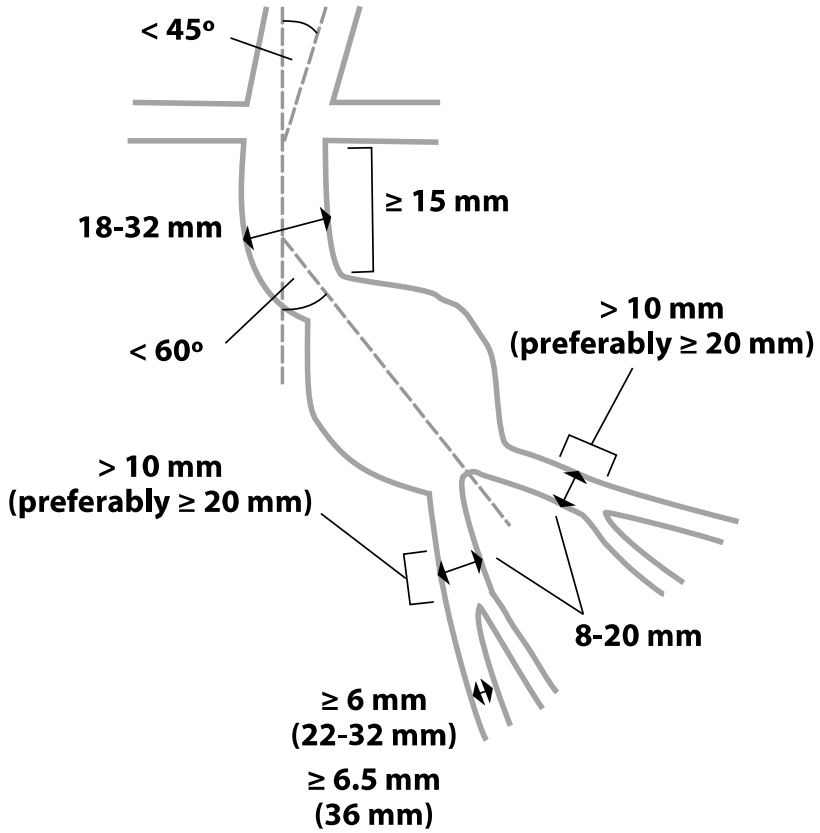
Instruction for use



Prognosis review and time-to-event data meta-analysis of endovascular aneurysm repair outside versus within instructions for use of aortic endograft devices

George A. Antoniou, MD, PhD, MSc, FEBVS,[a,b] Maciej T. Juszczak, MD, PhD, FRCS,[c] Hosaam Nasr, MD(res), FRCS,[c] Ranjeet Narlawar, DMRD, DNB, FRCR,[d] Stavros A. Antoniou, MD, PhD, MPH, FEBS,[e] Miltos Matsagkas, MD, PhD, FEBVS,[f] Konstantinos P. Donas, MD, PhD,[g] *and* Jean-Paul P. M. de Vries, MD, PhD,[h] *Manchester and Birmingham, United Kingdom; Nicosia, Cyprus; Larissa, Greece; Münster, Germany; and Groningen, The Netherlands*

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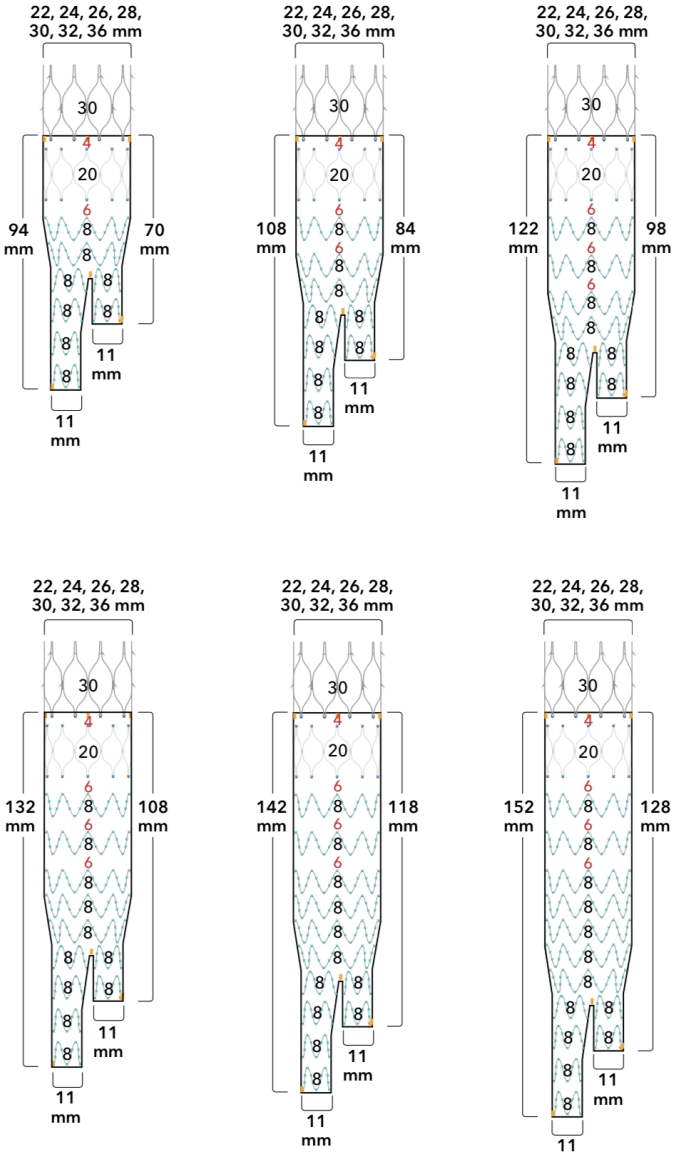
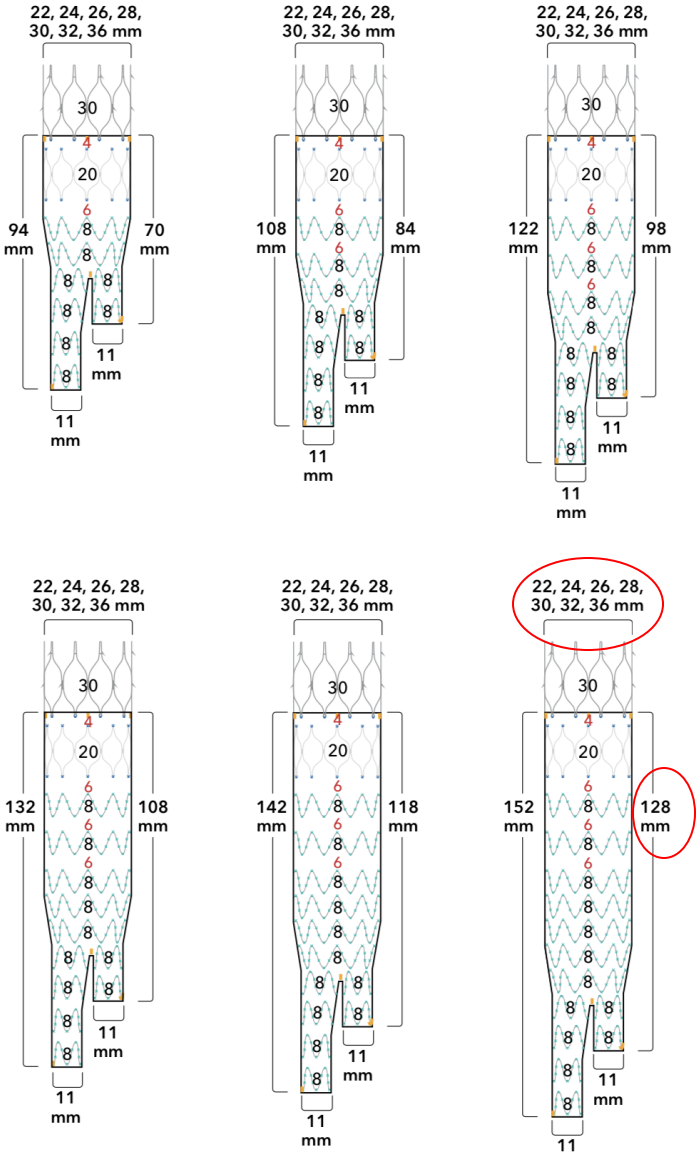
To enhance clinical practice, IFU should be replaced with Clinical Indications for Use



University Hospitals Birmingham NHS Foundation Trust

Building healthier lives


22, 24, 26, 28, 30, 32, 36 mm
94 mm
70 mm
108 mm
84 mm
122 mm
98 mm
132 mm
108 mm
142 mm
118 mm
152 mm
128 mm
11 mm

ZIMB XX-YYY

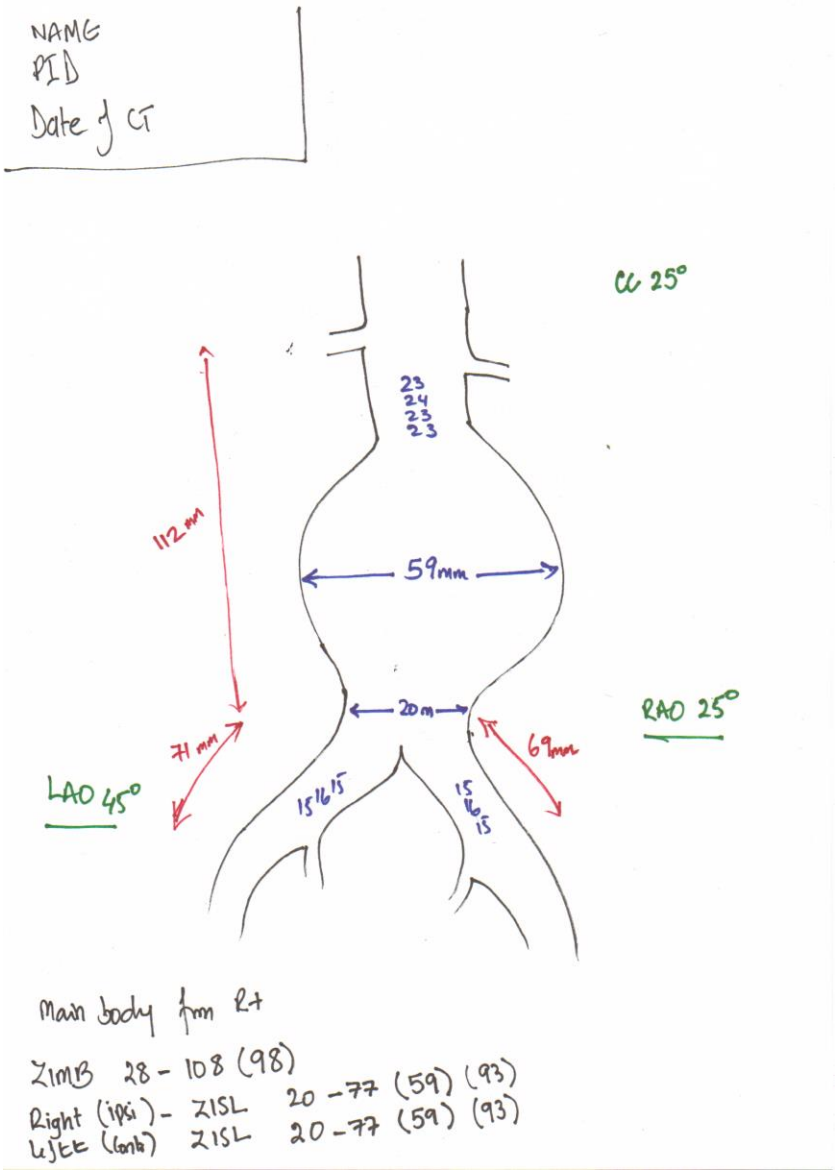
Planning

- **Good quality CT**
  - Arteriogram
  - 0.5 - 1mm

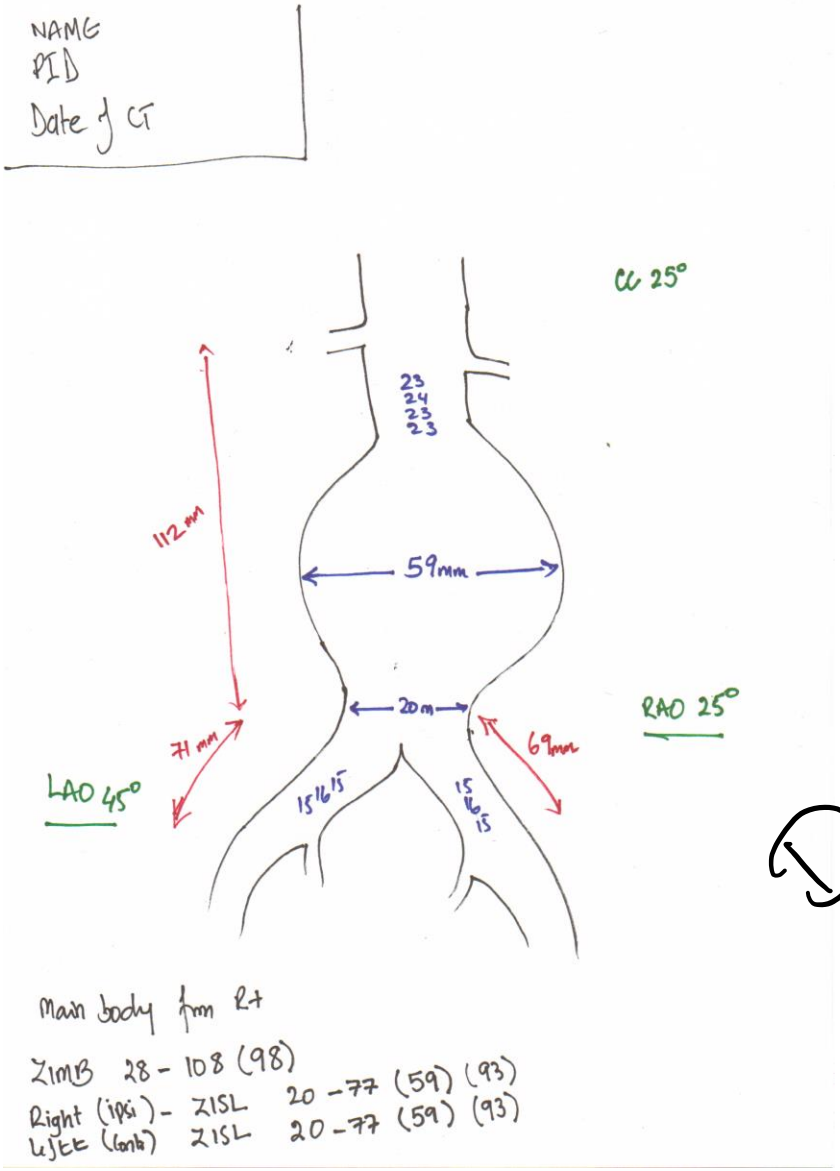
- **Planning software**
  - Never plan on axial images
  - Centre line

- **Document planning** (angulation, calcification, stenosis, thrombus…etc)

Example

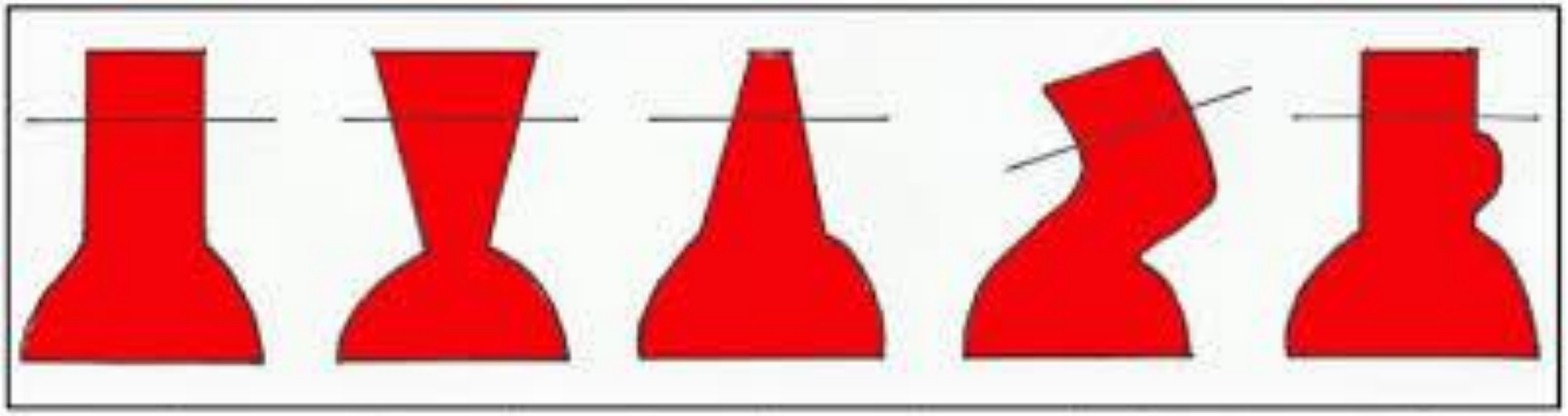

NAME
PID
Date of CT
CC 25°
23
24
23
23
112 mm
59mm
20mm
71 mm
69mm
RAO 25°
LAO 45°
15 16 15
15 16 15
Main body from R+
ZIMB 28 - 108 (98)
Right (ipsi) - ZISL 20 - 77 (59) (93)
Left (contra) ZISL 20 - 77 (59) (93)

Example



Default is percutaneous

Neck



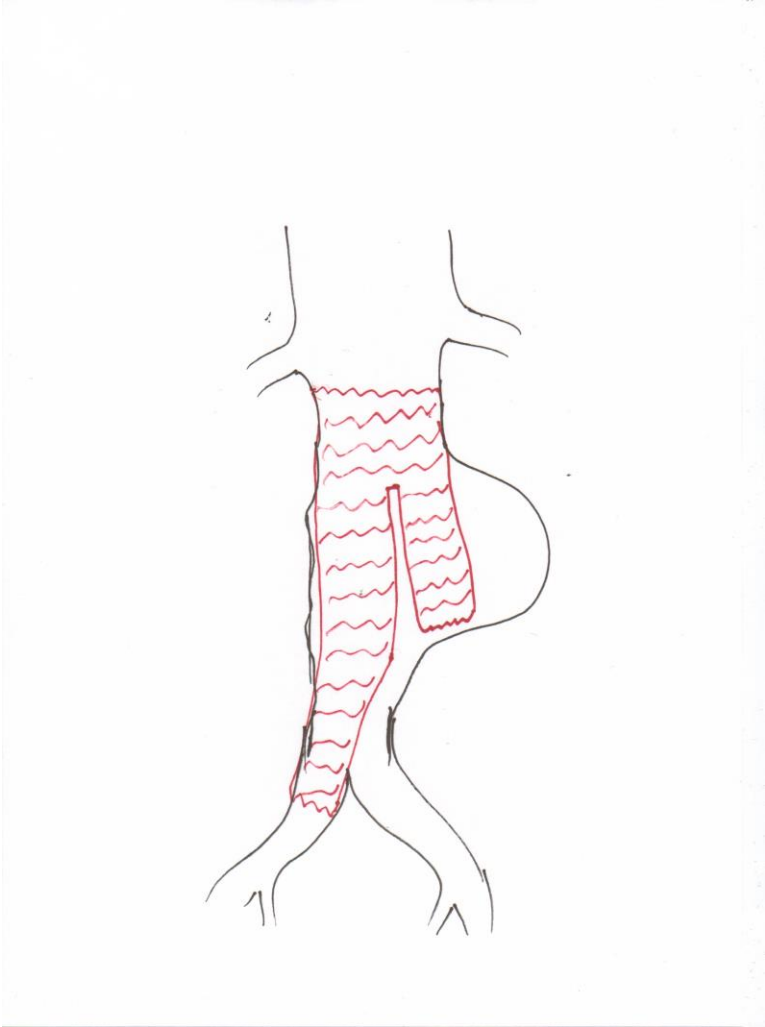
Straight Tapered Reversed Tapered Angulated Bulge

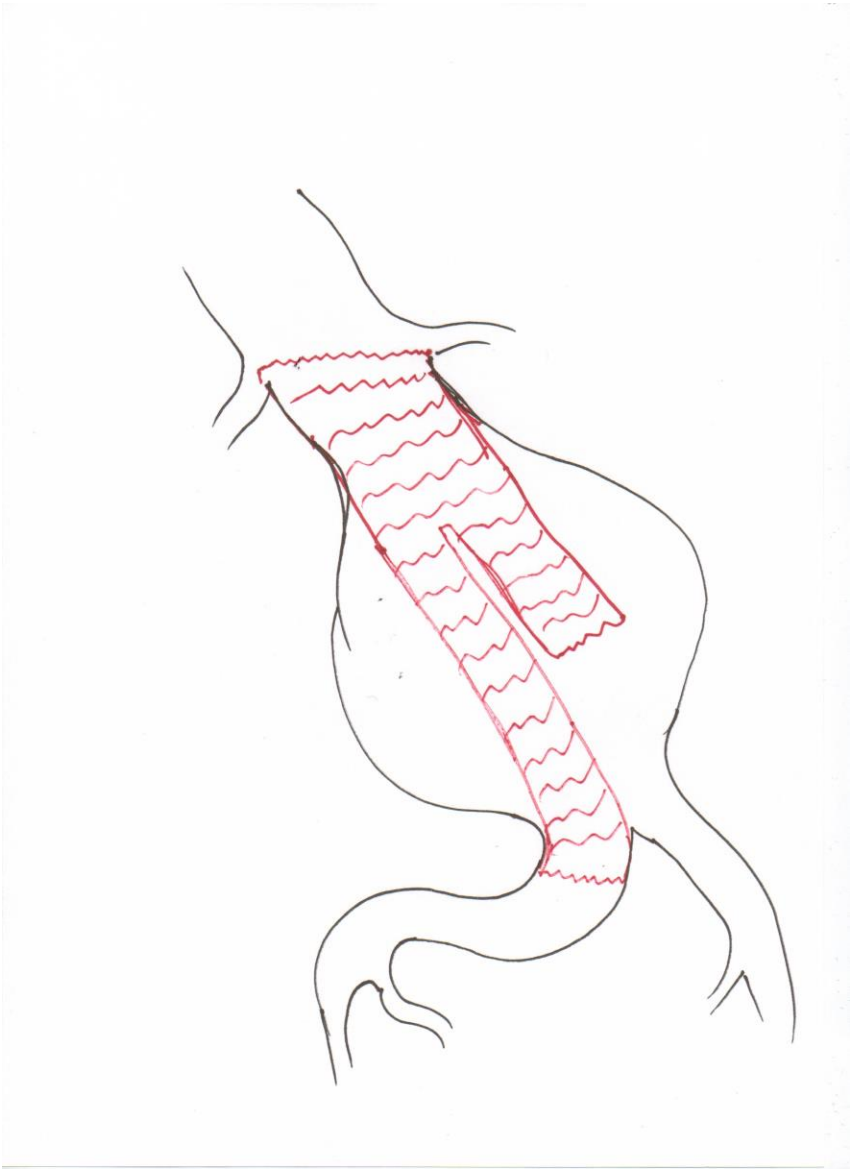
Body

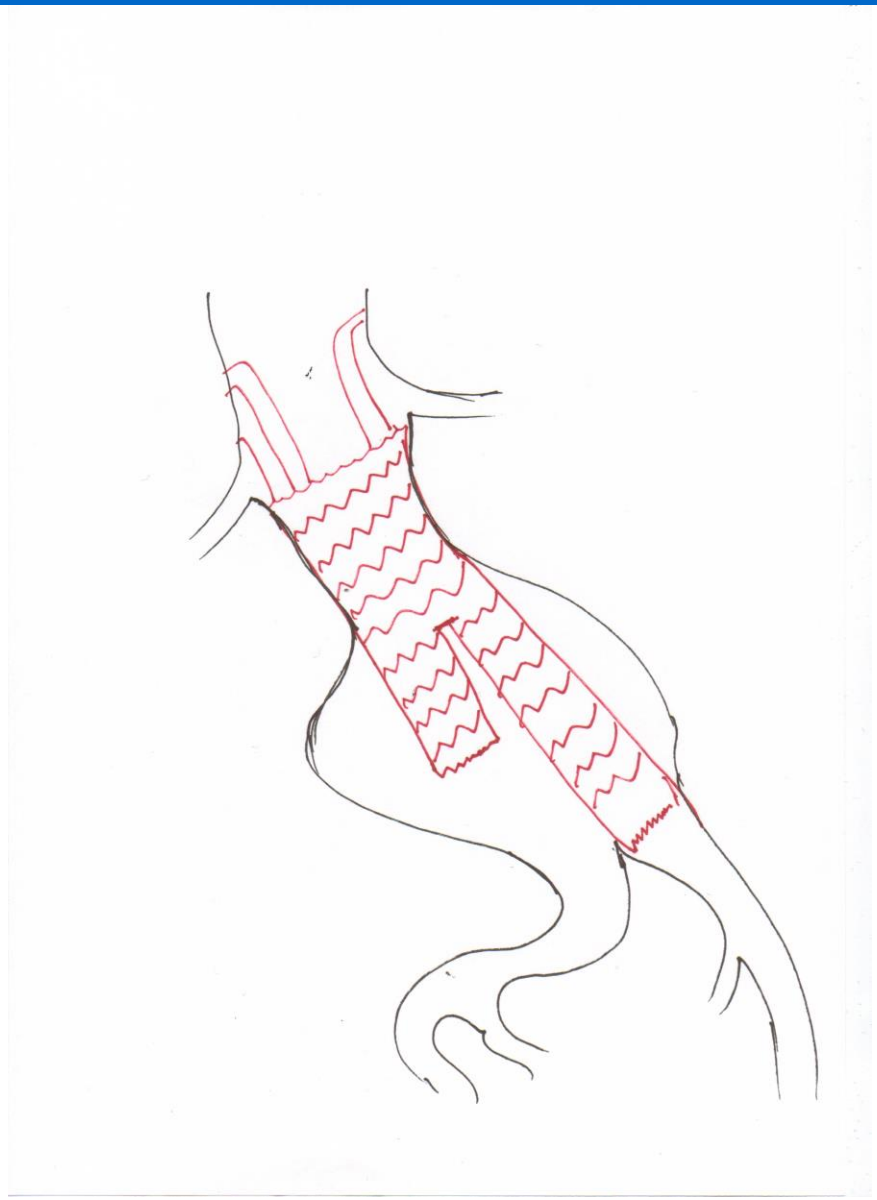
Which side for the main body?

How will the contralateral limb open?

What is the distal aortic diameter?







Access Challenges

- Stenosis (CFA/iliac)
    - Is PEVAR possible
    - Endarterectomy
    - Endo-conduit
- Previous stents
- Dissection
- Tortuosity
- Short CIA
- Scarred groins

Sizing

- **Proximal neck**
  - 20% over size (3-4mm)
  - Generally, adventitia to adventitia
  - Challenging neck
  - Type IA endoleak at the end of the procedure

- **Iliac limbs**
  - 10% oversize (risk of occlusion)

- **AUI**
  - Distal aortic diameter
  - Occluded iliac
  - Emergency????

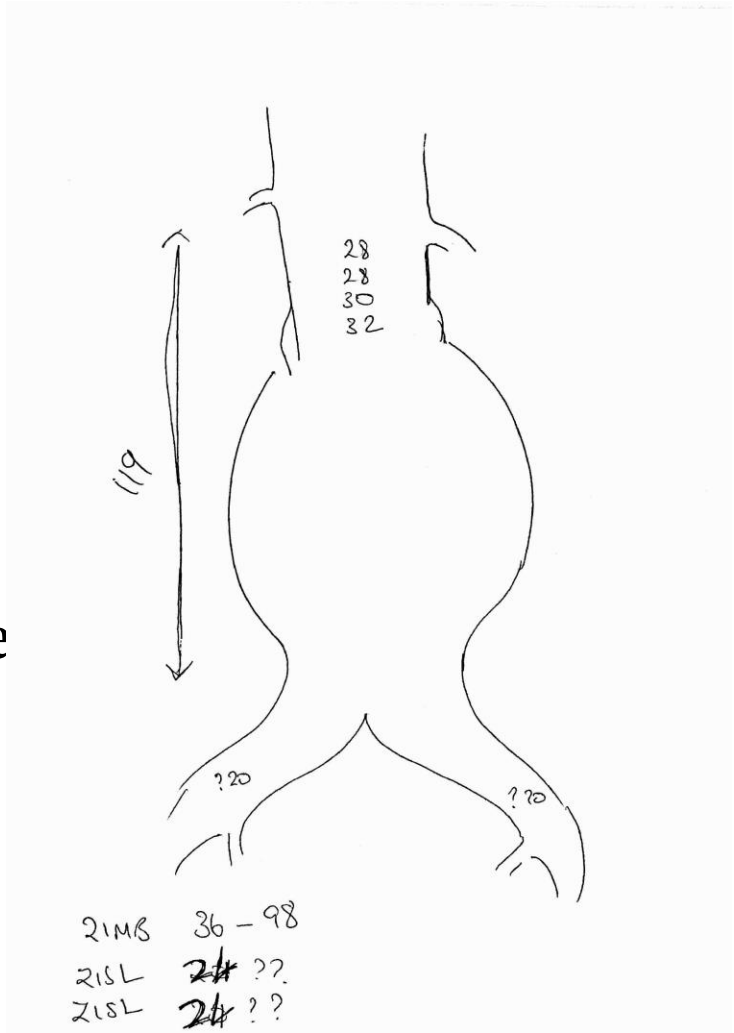
C-Arm angulation

Use 3D model to guide the angulation

See demonstration

Emergency

- **Top diameter**
- **Bottom diameter**
- **Bifurcated body opens above aortic bifurcation**



Which stent?