NEW MINI-INVASIVE SEMI-EVERSION CAROTID ENDARTERECTOMY

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

I do not have any potential conflict of interest
Introduction

The most recent Trials, Studies, Reviews and Meta-Analysis suggest that CEA is the first choice treatment to prevent stroke in the majority of patients with carotid stenosis.

In the same way as other surgical specialities we propose a new mini-invasive approach to carotid endarterectomy.
Technical considerations

- Ultrasound mapping of carotid bifurcation
- Local anaesthesia
- Small longitudinal skin incision
- Ante-jugular carotid bifurcation isolation
- Sequential cross-clamping
Technical considerations

Oblique almost transverse arteriotomy at the base of the internal carotid artery on the bulbous only anteriorly

After crushing the plaque in the CCA, it is slightly retracted freeing it from the vessel wall until healthy intima is seen
Technical considerations

- Arteriotomy closure is performed with 2 semi-continuous 6-0 Prolene sutures
- Sequential declamping
- Drainless
- Intradermal reabsorbable skin suture
- Discharge after 24 h
Our experience
36 months

309 carotid endarterectomy
198 male / 111 female
73.2 ± 7.6 years old

297 completed with semi-eversion technique (96.1%)
(12 converted to eversion technique)

Average time to intervention = 58,2 min
Average time to cross-clamping = 18,1 min

Skin incision length = 39,8 mm (24-52 mm)
No drain
285/309 discharged at 24 hours (95,9%)
Our experience
36 months

Complications at 30 days = 0.97%

No deaths/miocardial infarctions

2 minor strokes
(1 hemorrhagic; 1 embolic)
1 major stroke
(1 h p.o. ICA thrombosis)

8 restenosis = 2.7%
(follow-up 23 months)
Conclusions

Our experience suggests that mini-invasive semi-eversion carotid endarterectomy is safe and effective to prevent stroke in carotid stenosis.

- Low rate of major complications = 0.97%
- Low rate of restenosis = 2.7%
- Rapid patient discharge and good aesthetic outcome
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