

LINC

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

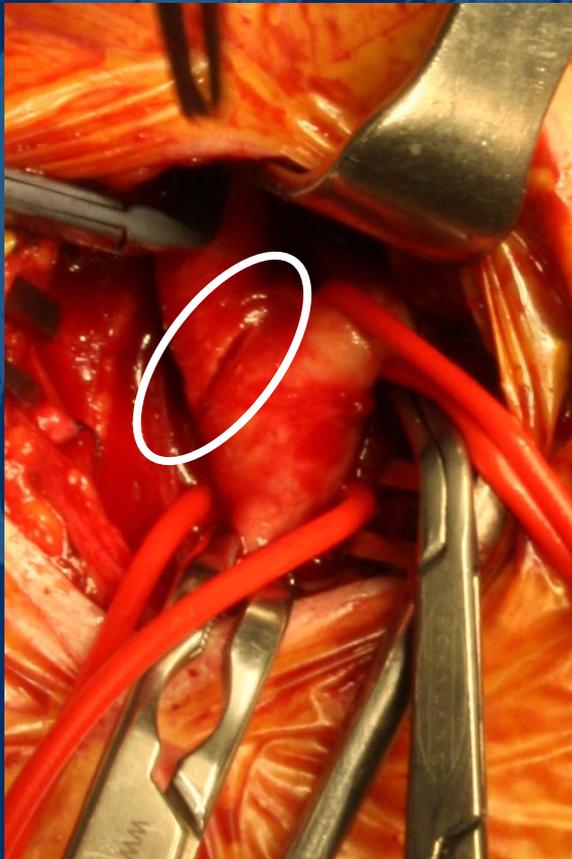
Technical considerations

- *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

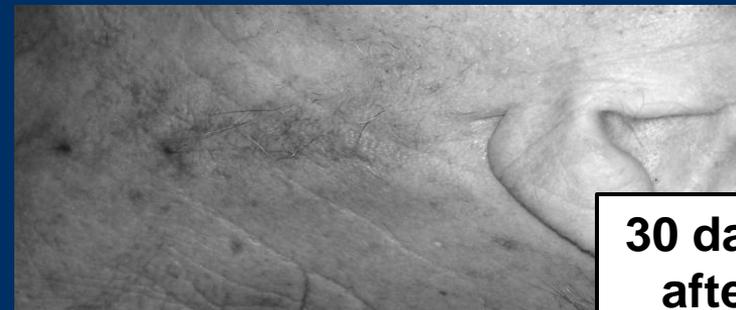
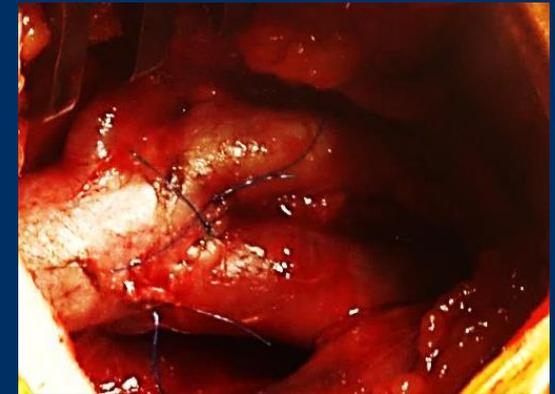


After crushing the plaque in the CCA, it is slightly retracted freeing it from the vessel wall until healthy intima is seen



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*



**30 days
after**

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-everision 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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