Endovascular Repair in Forty Patients with Aorto-Iliac Aneurysms in Vascular and Endovascular Surgery Division Faculty of Medicine University of Indonesia

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Background

Endovascular Aneurysm Repair (EVAR) represents an advance in patient care and a popular alternative to open repair by inserting a graft into the aneurysm through vascular access. The benefits of this procedure are reduced operating time, decreased intraoperative blood loss and transfusion requirements, decreased perioperative morbidity and mortality, and reduced intensive care unit and hospital length of stay.

Methods

Retrospective Data collection of all patients with Abdominal Aortic Aneurysms (AAA), Aortoiliac and Isolated Iliac Aneurysms (IIA) that underwent EVAR in our division from January 2013 – June 2015. Medtronic Endurant™ stent graft was used in this series.

Results

A total of forty patients' data were collected, 95% (n=38) were male and 5% (n=2) were female. Mean age was 68.8 years with 7.5% (n=3) were below the age of sixty and 92.7% (n=37) were above.

There were 12 cases in 2013, 18 cases in 2014 and 10 cases in 2015.

Distribution of types of aneurysm

According to IFU

<table>
<thead>
<tr>
<th>Type of Aneurysms</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>12</td>
<td>38</td>
<td>10</td>
</tr>
<tr>
<td>Aorto-iliac</td>
<td>57.3%</td>
<td>14</td>
<td>7.5%</td>
</tr>
<tr>
<td>Isolated Iliac</td>
<td>25%</td>
<td>14</td>
<td>1</td>
</tr>
</tbody>
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65% of cases were in accordance with device IFU, the rest 35% were not.

Complication

Endoleak occurred in 3 cases (7.5%), all occurred in cases according to IFU. Treated conservatively with no complications.

Conclusion

In accordance with worldwide reports, our data showed high incidence of aneurysms in male and elderly patients above the age of sixty. Our series showed that 35% (n=14) of the procedures were not conducted in accordance to Instructions For Use (IFU), and no complications occurred in all 14 cases. We conclude that although every device has its IFU relating to aneurysm morphology, it is not a strict procedural guideline. The safety and procedural leniency make EVAR a preferred method in managing aneurysms especially in this demographic.