

In advance of CIRSE 2021, we've spoken to presenters from some of the most interesting sessions in order to give you a sneak peek at what you can expect from the congress!

Focus session: Infrarenal aneurysms: real-life challenges and solutions



CIRSE: What are some of the most common challenges encountered when treating Infrarenal aneurysms?

Lakshminarayan: The treatment of infrarenal aneurysms should go through a proper MDT discussion. The presence of a team with open surgical and endovascular IR expertise provides the best option for the patient. With endovascular repair, a good seal at the neck, iliacs, and lack of migration in the long term are key factors making the endovascular repair durable. The two common challenges that one encounters are in relation to access vessels and the presence of good sealing zones, especially at the neck.

CIRSE: What must be kept in mind during the decision-making process between endo and open repair?

Lakshminarayan: The success of endovascular treatment of infrarenal aneurysms is dependent on a combination of factors including aneurysm morphology, patient fitness and device conformability. Long-term durability is impacted by aneurysm morphology and device choice, and these implications need to be considered during the decision to provide an endo or open repair. Undoubtedly, open operation is more physiologically stressful, and relative lack of fitness is a key factor swaying the physician towards an endo option. Patient preference is also important in the decision-making process.

CIRSE: How do anatomy and stent characteristics affect outcomes?

Lakshminarayan: The durability of EVAR depends on the presence of a suitable anatomy for the appropriate stent graft. Many clinical situations have prompted relaxing these overriding principles and using stent grafts outside their instructions for use (IFU). Whenever the anatomic criteria to suit stent characteristics is relaxed, it is at the cost of long-term durability.

CIRSE: What difficulties can occur when using stent grafts outside of IFU?

Lakshminarayan: Relaxation of the IFU is unfortunately associated with a higher rate of device related problems.

The presence of more than one adverse anatomical issue increase the risk of device failure. The options of use of devices outside IFU should involve patient consent and a clear discussion of all available options in an MDT.

CIRSE: What are some alternative treatment strategies to avoid using stent grafts outside IFU?

Lakshminarayan: The most common reason to use a graft outside the IFU is related to issues around the sealing zone in the aneurysm neck. You can compromise on a lot of issues with EVAR but not with the sealing zones! With better technologies available, an extension to seal above the visceral vessels with fenestrations or branched grafts should be considered. Similar solutions are available with the iliac seal zone too with branched or fenestrated options. The risk of cord ischaemia due to increased aortic coverage and risk to visceral vessels from FEVAR or BEVAR should be balanced against long term durability of infrarenal grafts placed outside the IFU.

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FS 2809 Infrarenal aneurysms: real-life challenges and solutions

- 2809.1 Angulated and/or short neck: how planning and procedure tips can improve outcomes
T. Trabold (Stuttgart, DE)
- 2809.2 Iliac aneurysms: endovascular strategies
M. Matson (London, GB)
- 2809.3 Can the use of stent-grafts outside IFU still be justified?
R. Lakshminarayan (Hull, GB)
- 2809.4 Open vs. endovascular repair: decision-making algorithm
P. Desgranges (Créteil, FR)