

Which patients should not have pararenal aneurysms laparoscopic repair?

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	All techniques discussed	N = 175	N = 44
	ERE OPEN	19 (11%)	14 (32%)
	EVAR	71 (40%)	7 (16%)
	LAPAROSCOPY	85 (49%)	23 (52%)
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SAINT-QUENTIN-EN-YVELINES

AMBROISE PAR

What are we expecting from laparoscopy for JAAA repair?

- Reliability/durability of OPEN repair
- Avoidance of laparotomy-related complications









Main rules of laparoscopic JAAA repair

No acrobatics

Conversion to laparotomy in cases of difficulties







- Criteria for decision making
- Patient'surgical risk
- Feasibility of transperitoneal left retro-renal approach
- Need for selective renal arteries reconstructions
- Feasibility of sequential supra-renal clamping



16th INTERNATIONAL EXPERTS SYMPOSIUM

High surgical risk

In France: AFSSAPS criteria

■ → Hybride techniques, FEVAR, Chimney







Technique of choice for JAAA +++







Trans-peritoneal left retro-renal approach not always feasible

Retro-aortic left renal vein, peri-splenic adhesions,
obese patients with small abdominal cavity





Trans-peritoneal left retro-renal approach not always feasible

 $\blacksquare \rightarrow \rightarrow$ transperitoneal retro-colic approach:

Section of the LRV

■ > 5mm distance SMA/renal arteries (SR clamping)



Need for selective renal arteries reconstruction

Associated occlusive/aneurysmal lesions

Proximal involvment of renal arteries



144% Anale m: 61/238 S(S → I) 2 50 mm Position - -1 37 75 mm

Talle de l'image : 512 x 512 Talle de la vue : 735 x 735 NE · 601E · 360





Feasibility of sequential supra-renal clamping

Allows to decrease the time of renal ischemia





Sequential supra-renal clamping not always feasible

OPEN repair







- Conclusion 2
 - Laparoscopic JAAA repair is technically demanding
 - It is not feasible by all vascular surgeons
 - Difficult to learn/teach this technique
 - Only in expert centers