

EVAS and EVAR: What are the differences in case selection, deployment and surveillance?

The Royal Liverpool and MIS Broadgreen University Hospitals

LiVES Liverpool Vascular and Endovascular Service LIVERPOOL

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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

□ Shareholder in a healthcare company

Owner of a healthcare company

× Proctorship and educational fees (Endologix)

□ I do not have any potential conflict of interest







Different concept

Sealing, not fixation

Stents + "endobags"









anatomical constraints

Absence of infra-renal segment

Angulation

"Diseased" neck





Aneurysm length

Narrow aortic bifurcation

Large aorto-iliac lumen



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ENDOVASCULAR THERAP



Suitability for EVAR/EVAS by IFU



Karthikesalingam et al., EJVES 2013 46, 440-445 DOI: (10.1016/j.ejvs.2013.06.017)

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Neck diameter

Aneurysm length

Lumen diameter Narrow bifurcation







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EVAS deployment



Technically easy, quick

Two operators

No contra-lateral limb cannulation

Pressure is key

Less radiation





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EVAS deployment

3 steps

1. Position the devices

2. Deploy stents

3. Fill endobags









EVAS deployment



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Theatre time







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Follow-up







D'Abate et al., JEVT, doi:10.1177/1526602815576098 Mc Williams et al., JEVT doi:10.1177/1526602815582209 Karthikesalingam et al., JEVT doi:10.1177/1526602815583455

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Radically different concept from EVAR

Easier deployment, less radiation

New surveillance findings

New pitfalls



