



Twelve-year outcomes after endovascular aneurysm repair using earliest available endograft components from a single center.

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Abstract: OBJECTIVES: Comprehensive long-term outcome data after endovascular aneurysm repair (EVAR) are scarce, although anecdotes of endograft failure in the early 1990s abound. The objective of this report is to provide comprehensive outcomes after EVAR performed with the earliest available endograft components. These were a home-made endograft (pre-expanded polytetrafluoroethylene [PTFE] fixed with giant Palmaz stents) and first-generation Talent endografts (World Medical, Sunrise, Fla). METHODS: A prospectively recorded database of all cases undertaken at a tertiary referral center was retrospectively interrogated. Sex, age, types of endograft used, and fate of patient and endografts implanted between 10 and 15 years previously were studied. A literature search was undertaken to obtain data for long-term survival after EVAR and open surgery (OR). RESULTS: There were 50 patients in total operated on between 1994 and 1998 of whom 43 were male. The median age was 73 years (54-93) at time of EVAR and 85 years (67-100) in the survivors at a median of 12 years later. There were 26 home-made (PTFE fixed with Palmaz stents) and 24 Talent endografts (World Medical). Thirty-day mortality was 4%, one death in a ruptured abdominal aortic aneurysm. Twenty-one (42%) survived for 12 years to the time of reporting. Of these, 6 have functioning home-made endografts, 8 have Talent endografts, and 8 (5 home-made and 3 Talent) survive after conversion to OR. Secondary interventions took place in 9 further patients. Of 27 late deaths, 1 suffered endograft sepsis, 20 died of cardio-respiratory causes and 6 died of cancer. The only report of more than a 10-year survival after OR was found in an e-publication from Sweden. The projected survival after 10 years was 40% for unruptured aneurysms. However, survival in the general population was higher at 60%. CONCLUSIONS: Ten-year survival after EVAR parallels that of elective OR but is less than the general population. Although the rate of eventual conversion to open repair was high using this earliest available endograft technology, the aneurysm-related mortality was low, and both endografts remain functional for more than 10 years after placement.

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