What is the best way to manage juxtarenal AAA – fenestrate, chimney or open?

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Disclosure

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• Consultancy, conference travel from industry >5 years ago

• No part of presentation is meant to be a product endorsement. Always refer to IFU
What is the best way to manage juxtarenal AAA?

• What is a juxtarenal aneurysm?

• What ways to manage?

• How can we tell?
Juxta = close to

• AAA with neck shorter than 10mm

• AAA with neck unsuitable for standard EVAR (according to IFU)
No Operation!

- Rupture is not inevitable
- Operative mortality
- Incremental survival benefit
Open repair

- Durable
- Slow convalescence
- Mortality and morbidity

NVR 2018 Complex AAA mortality = 18%
Fenestrated EVAR
Chimney EVAR
EVAR + Endoanchors
Off-label standard EVAR
Endovascular techniques

• Some more vigorously evaluated than others
• Lower risk of operative death
• Secondary intervention
• Late failure
• What is the magnitude of incremental benefit?
• How long does it last and at what cost?
A Risk-adjusted and Anatomically Stratified Cohort Comparison Study of Open Surgery, Endovascular Techniques and Medical Management for Juxtarenal Aortic Aneurysms
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Objective 1: To compare different treatment strategies corrected for confounding characteristics

Objective 2: To identify if a particular characteristic gives better outcomes with a particular treatment strategy.

Objective 3: To compare different treatment in terms of overall survival and long-term treatment failure

Objective 4: To perform cost effectiveness analyses in terms of quality adjusted life years

Objective 5: To establish the clinical and cost utility of FEVAR and of off-label standard EVAR, in patients who are considered physiologically unfit for OSR, and to compare these against medical management.
Inclusion criteria:

• Elective Juxtarenal AAA repair in England
  – Four strata of anatomical complexity – Corelab
• Juxtarenal AAA =/<55 mm and placed on Medical Management ‘Operation-deferred’

Exclusion criteria:

• Aneurysm neck anatomy suitable for standard infrarenal EVAR within IFU of any CE marked device
• Emergency operations, Surgeon-modified devices
• Thoracic or thoracoabdominal aneurysms
• ‘Medical Management Operation Declined’ patients
Primary endpoints:
• **Early**: Death
• **Late follow-up**: Mortality, aneurysm-related mortality

Secondary endpoints:
• **Early**: Paraplegia, secondary intervention, organ system complications, stent-graft complications
• **Late follow-up**: Secondary intervention, stent-graft complications, graft infection, graft rupture incisional hernia – untreated / operated, anastomotic aneurysm, anastomotic-enteric fistula, renal infarction.

• **PROMs:**
  • **Quality of Life measures:**
    – EuroQuol EQ-5D 5SL
    – Aneurysm-DQoL
    – Aneurysm-SRQ
    – Aneurysm TSQ
  • **Resource use diary**
• Will deliver the evidence called for in the NICE Guidelines Consultation

• Recruiting now

• Stand 32

• Thank you!