



## Maciej Nowacki

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### Description

**Title:** Off-the-shelf stent grafts implantations as the solution for treatment of some aorta and iliac artery aneurysms.

**Introduction:** Open surgery or long, complicated procedures for patients with aorta and iliac arteries aneurysms with high risk of anaesthesia is associated with high mortality . The development of off the shelf endovascular procedures for patients with isolated iliac artery aneurysms, “bulge” aorta aneurysms, patients with heavily torquosity of iliac arteries is the solution and offers minimally invasive treatment option in patients with that kind of disease. Materials and methods 446 high risk patients for open surgery has been reviewed, treated with EVAR procedures between January 2011 and April 2015. The study included 36 ( mean age 66,2) patients that underwent off-the-shelf procedure. A contrast enhanced 64 slice CTA (<1.5 mm slices) was done before operation to qualify patient to the operating procedure. Operations were done under fluoroscopic control (Ziehm Imaging Systems). Surgical access was obtained to both femoral arteries. Procedures followed with 0.035 inch hydrophylic guidewire and endovascular procedure depends on preoperative strategy with Endurant II Medtronic extensions, Anaconda Vascutek extensions, Endurant II Medtronic Stent graft main body and Anaconda Vascutek iliac extensions. Results Patients with off the shelf EVAR procedures were divided into the couple of groups: 14 patients with bulge aorta aneurysm treated with tube Stent graft, 12 patients with isolated iliac artery aneurysms treated with iliac extensions Stent grafts (Endurant II Medtronic extensions, Anaconda Vascutek extensions), 7 patients with heavily torquosity od iliac arteries treated with combined Endurant II Medtronic Stent graft main body and Anaconda Vascutek iliac extensions, 2 patients with iliac aneurysms treated with kissing Stent grafts. Overall mortality within first month was 0%. Postoperative complications were present in 12,4% such as: wound infection, haematoma, PE. Median follow-up was 12,8 months. Conclusions The preoperative, post operation and the last available Computer tomography were analyzed, We observe that off the shelf procedures are reliable solution for some kind of patients such as bulge abdominal aorta aneurysms, isolated or with heavily torquosity iliac aneurysms, with good clinical outcome. That kind of procedures can be also considered for patients with high ratio of mortality due to general complications after long anaesthesia.

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