

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 19-21 2017

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

PARIS, FRANCE



Is endo repair of popliteal aneurysms a failed experiment?

Martin Björck, Uppsala,
Suède, Sweden



Disclosure

Speaker name:

Martin Björck.....

I have the following potential conflicts of interest to report:

Consulting

Employment in industry

Shareholder in a healthcare company

Owner of a healthcare company

Other(s)

I do not have any potential conflict of interest

esvs
Lyon
2017

ESVS 31st Annual Meeting

20-22 September 2017

Lyon, France



Bienvenue à Lyon!



Why Lyon?

September 19-22, 2017

- 623 abstracts to ESVS in Copenhagen!
- The highest quality ever, since we waived compulsory publication in the EJVES
- NEW in Lyon: 4 parallel sessions on Tuesday afternoon to select the 45 best papers among 160 oral presentations for the plenary sessions
- Inclusive, yet high scientific standards!
- We will accept 173 oral presentations + 100 posters, 273 papers, Please SUBMIT!

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- In a 2 hour joint session the French Society for Vascular Surgery and the ESVS will focus on the most important French contributions to the development of modern Vascular Surgery
- The World Federation of Vascular Surgery will have its yearly meeting in Lyon
- “Vascular Surgery in the Era of Terror” (Paris, Boston, Mombay, Turkey, and Bangkok)
- Trans-Atlantic debates with the SVS

ESVS Lyon, September 19-22

- The Nikolai Volodos' lecture
- Key-note lectures: What did we learn the last year that we did not know before?
- Five NEW Guidelines will be presented: Mesenteric, Descending aorta, Revised Carotid, Global PAD, ESC/ESVS common GL)
- Eur Venous Forum/ESVS common symposium
- Symposium AAA screening
- Symposium International registry collaboration (Vascunet 20 year anniversary)

Submission of abstracts is now open on www.esvs.org

- NEW: Tuesday afternoon and 16-18 on Wednesday and Thursday are reserved for a large number of Workshops and Seminars
- You will have difficulties to decide between all those alternatives, register early!
- The social program will be special, with a French touch and a taste of Lyon
- **Bienvenue à Lyon!**

Editor's Choice: Contemporary Treatment of Popliteal Artery Aneurysm in Eight Countries: A Report from the Vascunet Collaboration of Registries

M. Björck^{a,*}, B. Beiles^b, G. Menyhei^c, I. Thomson^d, P. Wigger^e, M. Venermo^f, E. Laxdal^g, G. Danielsson^h, T. Leesⁱ, T. Trøeng^{a,j}

Country/region	Time-period	Population millions	Number of operations	Op./million inhab./year
Australia	2010-2011	22.5	441	9.9
Finland, Helsinki [#]	2009-2011	1.37 [#]	58	13.9
Hungary	2009-2012*	9.96	103	3.4
Iceland	2009-2011	0.35	6	5.7
Norway	2009-2012*	4.7	188	11.9
New Zealand	2010-2012*	4.4	93	7.0
Sweden	2009-2011	9.5	495	17.6
Switzerland ^o	2009-2011	5.6 ^o	87	5.2
All	2009-2012	58.4	1471	9.59

Eur J Vasc Endovasc Surg 2014; 47: 164-171

Table 4: The proportion of open and endovascular surgery for PA in the different countries studied

Country/region	All repairs	Open repair (n)	Endovascular repair (n)	Endovascular repair (%)
Australia	441	288	153	34.7
Finland, Helsinki	58	58	0	0.0
Hungary*	103	97	6	5.8
Iceland	6	6	0	0.0
Norway	188	171	17	9.0
New Zealand	93	89	4	4.3
Sweden*	495	349	146	29.5
Switzerland ^g	87	87	0	0.0
All	1471	1145	326	22.2

*16 hybrid operations in Sweden and 3 in Hungary were considered endovascular in this analysis.

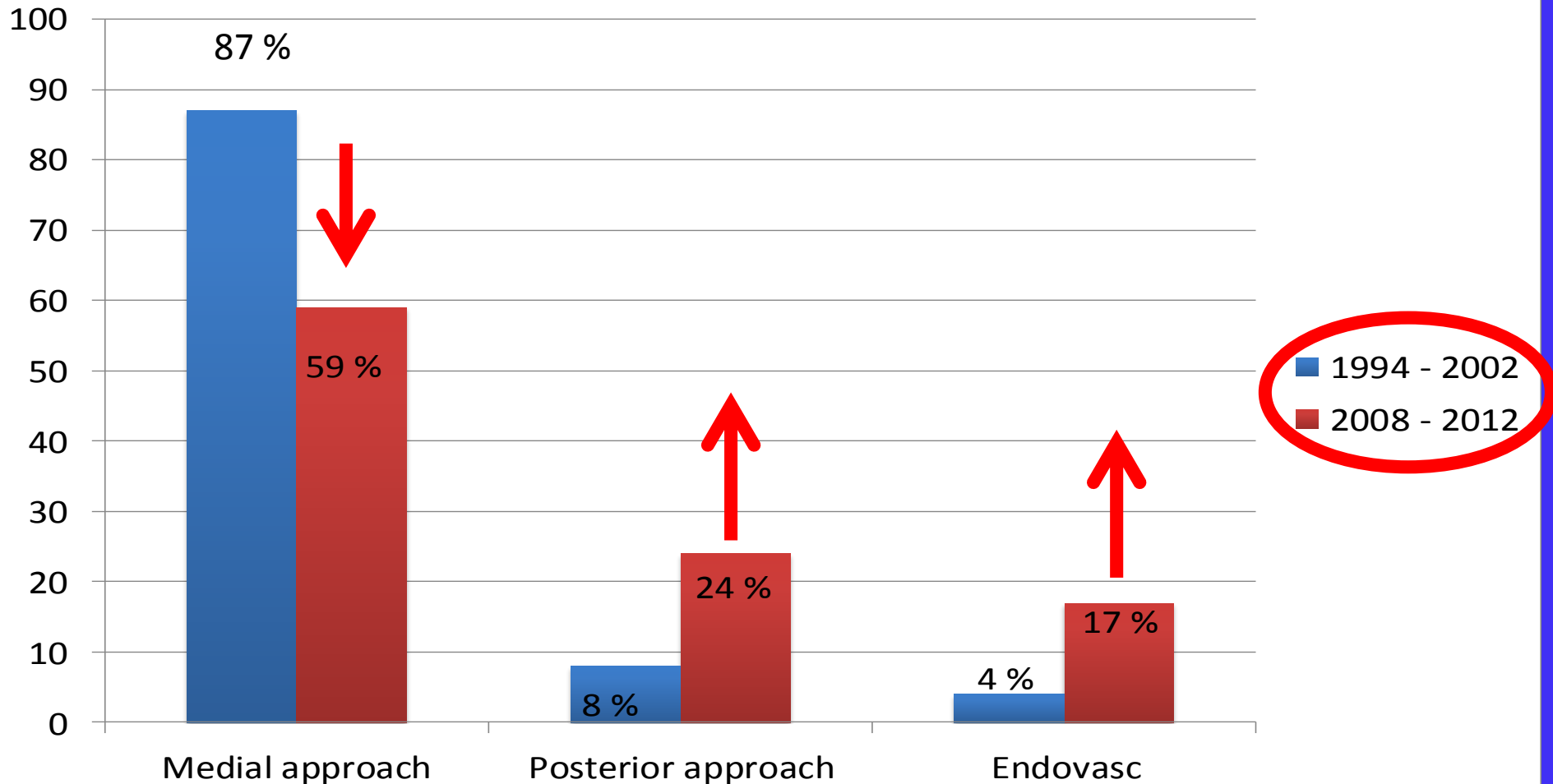
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Treatment of Popliteal Aneurysm by Open and Endovascular Surgery: A Contemporary Study of 592 Procedures in Sweden

A. Cervin ^{a,b}, J. Tjärnström ^{a,b}, H. Ravn ^{a,c}, S. Acosta ^d, R. Hultgren ^e, M. Welander ^f, M. Björck ^{a,*}



Acute ischaemia: Results open/endo

N=165	OR (N=138)	Endo (N=27)	P-value
Primary patency, 30 days	88%	63%	0.001
Secondary patency, 30 days	93%	70%	0.001
Amputation, 30 days	3.7%	15%	0.022
Amputation-free survival, 30 days	95%	85%	0.069
Primary patency, 1 year	79%	43%	0.001
Secondary patency, 1 year	87%	48%	<0.001
Amputation, 1 year	6.8%	17%	0.098
Amputation-free survival, 1 year	89%	76%	0.070

Kinkning! The elongation of the artery cannot be treated endovascularly.



UPPSALA
UNIVERSITET

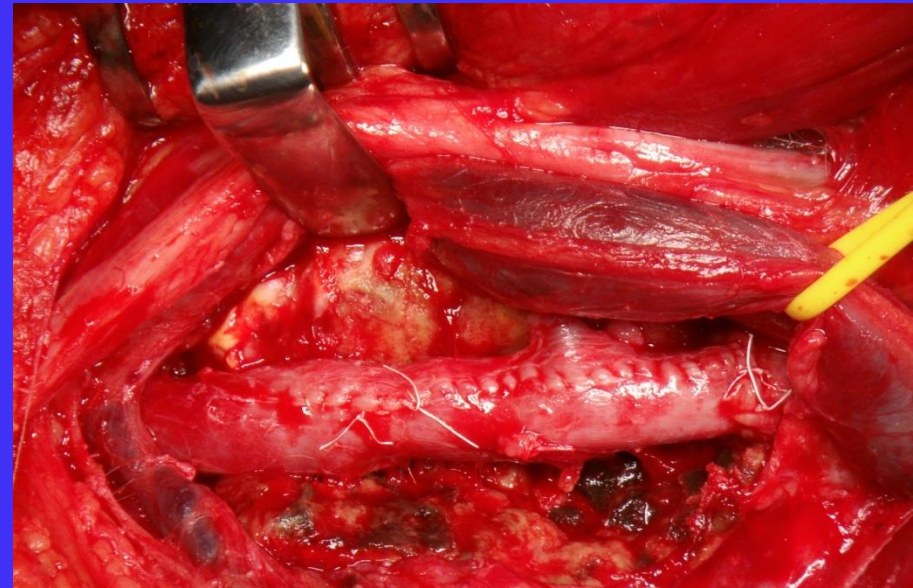
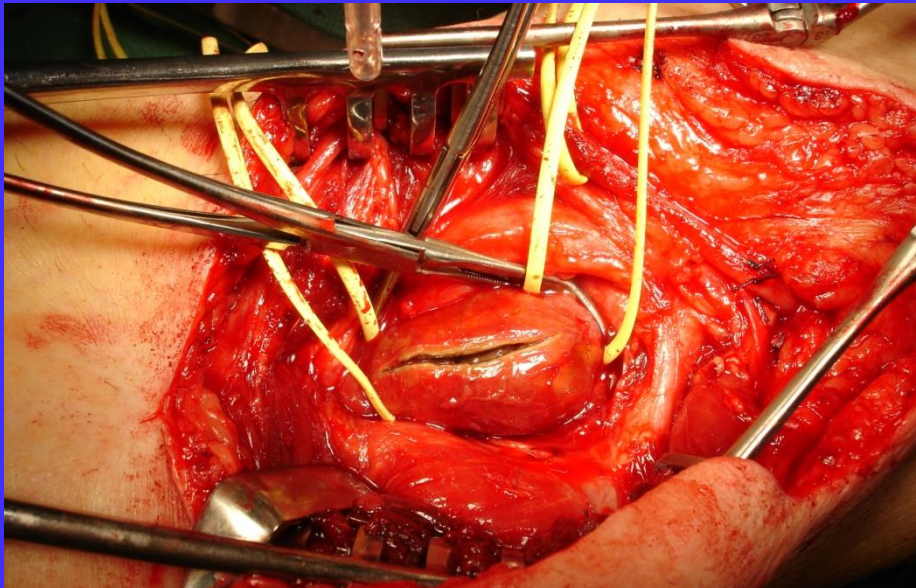


Thrombolysis of PA with acute ischaemia improves outcome

- The advantage of opening the occluded crural arteries before repair of the PA is obvious
- Complications are uncommon
- Among 118 patients who had preoperative thrombolysis for acute ischaemia, 78%, improved outflow

Open Repair with posterior approach is the procedure of choice, why?

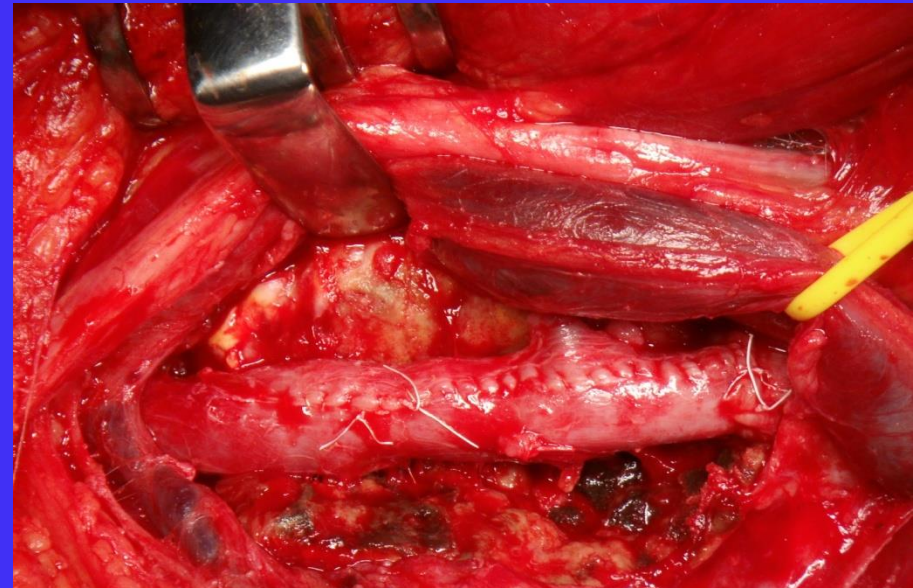
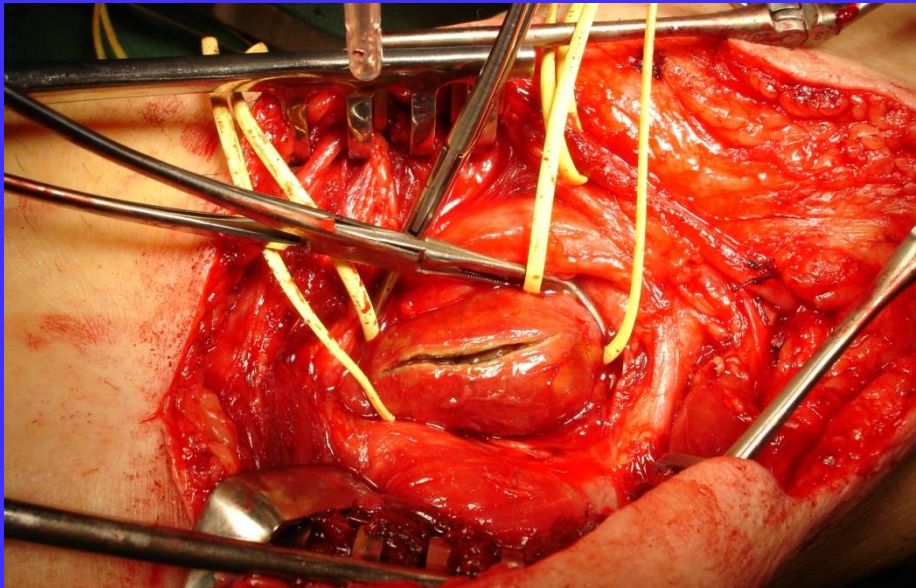
- The by-pass is shorter and in an anatomical position
- Although a venous by-pass has better long-term results, a prosthetic by-pass has better patency than an endograft
- There are no problems with late expansion





Posterior operation possible in 80-90%

- Ultrasound in the prone position together with the surgeon the day before surgery is our routine
- The PA and the vein are mapped
- Even if the aneurysm extends 10-15 cm above the knee joint, it can be operated on from behind





Conclusions

- Thrombolysis is a great advantage when acute ischaemia
- Open repair is the gold standard
- Posterior is the preferred open approach
- ER has inferior results, especially if acute ischaemia or poor run-off
- We still do use ER in very old or frail patients, however

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