

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

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MARRIOTT RIVE GAUCHE & CONFERENCE CENTER
PARIS, FRANCE

EVAR or PEVAR?

A cost-benefit analysis





Disclosure

Speaker name:

Jan J. Wever

- I have the following potential conflicts of interest to report:
- Consulting Cordis
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- □ Other(s)
- I do not have any potential conflict of interest



Disclosure

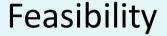
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Dr Wever is compensated by and presenting on behalf of Cordis, and must present information in accordance with applicable regulatory requirements.



EU2091 01/17







« PEVAR is save and effective, with minimal accessrelated complications, and noninferior to standard open femoral exposure » Vercauteren, Endovascular Today, March 2014

"There are sufficient data demonstrating the advantages of PEVAR compared to EVAR » Echeverria, Vascular Disease Management, 2016.

« With proper selection, the PEVAR failure rate is low » M. Rijkee, EJVES, 2014





Preparing and closing the groin

– 45 minutes OR time(€ 1250 per hour)

€ 940

Sutures

€ 50

- Total

€ 990





- OR Time 15 minutes
- Proglide (4, € 187)

Total

€ 312

€ 748

€ 1060



Costs-benefit

EVAR vs PEVAR: € 70 in favour of EVAR!

BUT.....

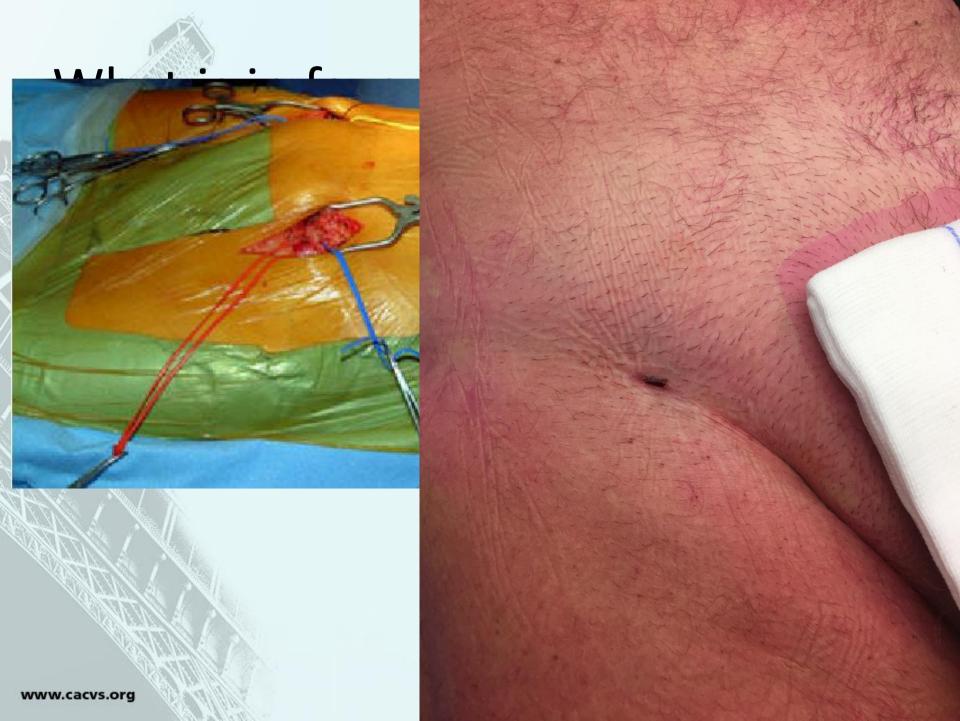
www.cacvs.org





What is in favour of PEVAR?

- Patient satisfaction
- Groin infections up to 20%
- Femoral nerve injury
- Blood loss and hemostatics
- Length of stay







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- Femoral nerve injury
- Blood loss and hemostatics
- Length of stay
 - 11% of patients experience damage of cutaneous branches of the femoral nerve after exposure of the femoral artery





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- Length of stay



PEVAR COSTS



« Hospital length of stay, operating room duration and total costs are similar for unsuccesful PEVAR and EVAR completed with cutdown »

« PEVAR may be reasonable unless there is a serious concern for failure »

O'Brien, JVS, Dec 2016

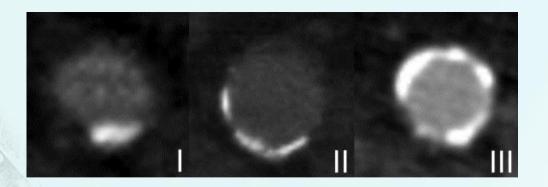






- Predictors of Failure of Closure in Percutaneous EVAR Using the Prostar XL
 Percutaneous Vascular Surgery Device
 - M Rijkee et al. European Journal of Vascular and Endovascular Surgery Nov 2014

- Failure rate 6,5%
- Larger sheath size is a predictor of failing closure devices, especially when combined with a high calcification score

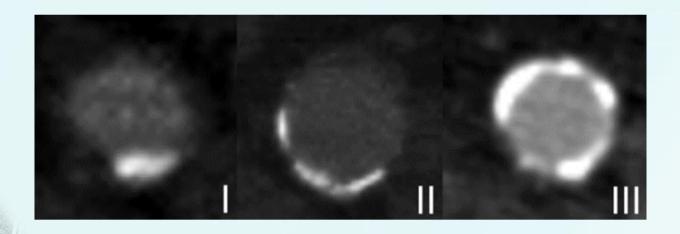




Succesfull PEVAR



Good closure device Pre-operative evaluation of calcification









Good closure device

Pre-operative evaluation of calcification

Ultrasound guided puncture





Succesfull PEVAR



Good closure device

Pre-operative evaluation of calcification

Ultrasound guided puncture

Low profile device







PEVAR..

- ..is feasible
- ..is cost-effective
- ..improves patient satisfaction
- ..is the next step in endovascular aneurysm treatment



