

AB032. 240. Compliance with instructions for use in endovascular abdominal infrarenal aortic aneurysm repair in those aged over 80 years of age

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Background: The endovascular aneurysm repair (EVAR) 2 trial advocated not intervening in those deemed unfit for open abdominal aortic aneurysm repair. In the 14 years since EVAR 2 finished recruiting, there have been advances in endovascular technology and expertise, in addition to improvements in anaesthetic and critical care outcomes. These, in concert with an aging population, have led to greater numbers of elderly patients being treated with EVAR. We sought to determine our outcomes when treating this population.

Methods: A locally-maintained database was analysed to determine the number of patients aged greater than 80 years treated with EVAR between 2006 and 2015.

Patients that underwent fenestrated or branched repairs were excluded. Preoperative imaging was reviewed and compared against graft-specific instructions for use (IFU). Outcomes of interest were compliance with IFU, procedural complications, re-intervention rates, morbidity and mortality.

Results: A total of 104 patients were included, with an average abdominal aortic aneurysm size of 6.6 cm. The re-intervention rate was 8.7%. Adherence to all instructions for use was approximately 40%. In those treated outside IFUs, the greatest number failed to comply with guidelines regarding neck configuration and iliac angulation. Nonetheless, there was no significant difference in rates of re-intervention, morbidity or mortality between those treated outside IFUs and those that met IFUs.

Conclusions: A significant number of patients treated with EVAR aged over 80 years had anatomical characteristics outside the manufacturer's instructions for use. Nonetheless, there was no apparent increase in procedural complications, morbidity or mortality. We suggest that in this cohort, endovascular repair may be appropriate even when all IFUs are not met.

Keywords: Endovascular aneurysm repair (EVAR); instructions for use (IFU)

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