

2011 EVAR Update

In this edition of *Endovascular Today*, we are proud and excited to be featuring the endovascular repair of abdominal aortic aneurysms (EVAR) for the 10th consecutive year. It has been more than 20 years since Juan Parodi, MD, and colleagues performed the first EVAR procedure in Buenos Aires. EVAR has played a major role in our development as vascular specialists, and looking back over the past 2 decades, it is very encouraging to see that the procedure is withstanding the test of time. Today, patients are increasingly being treated with EVAR rather than open repair, often at their own request. Accordingly, physicians continue to work with industry to develop enhanced devices aimed at improving overall outcomes but also growing the population of patients who are suitable for EVAR. While long-term data continue to accumulate for past and present stent grafts, the next generation of devices is being tested in current clinical trials. This month, we have invited an esteemed group of authors to discuss the current state of clinical practice and study in the EVAR arena.

We begin our feature with an article by Frank J. Criado, MD, FACS, FSVM, who provides an interesting overview of abdominal aortic aneurysm therapy and discusses the evolution of EVAR devices and their adoption. Next, W. Anthony Lee, MD, offers insights into addressing adverse proximal landing zones for EVAR, which can often mean the difference between an EVAR candidate and a noncandidate, a good outcome or a poor one.

My former mentor and partner, Frank J. Veith, MD, and his colleagues provide a practical summary of their strategies when using EVAR for ruptured abdominal aortic aneurysm repair. Next, Robert Bersin, MD, who was involved in designing/developing the Incraft stent graft (Cordis Corporation, Bridgewater, NJ) along with Corey Teigen, MD, and myself, addresses the topic of whether the quest to make lower-profile EVAR devices comes with drawbacks, with a focus on past and present technologies.

Hence J.M. Verhagen, MD, PhD; Niels Ravensbergen, MD; and Don Poldermans, MD, PhD, look at the occurrence of new-onset arrhythmias in vascular procedures such as EVAR and examine the degree to which they might affect long-term outcomes. Dr. Criado closes our EVAR feature with an

editorial that examines endoleak terminology and how its definition can cause confusion among physicians across specialties.

Outside of our cover feature this month, we have two Challenging Cases articles. First, Sumaira Macdonald, MBChB (Comm.), FRCP, FRCR, PhD, details the clinical decisions and technical considerations involved with carotid artery stenting in a high-risk patient. Then, Frank R. Arko, MD; M. Zachary Arko; and Mihaela Ilves, MD, share two cases in which a steerable introducer system was used to navigate difficult anatomy and access orifices otherwise unreachable with standard sheaths.

In this month's featured interview, my good friend and a leader in this field, Krishna Rocha-Singh, MD, FACC, FSCAI, FSVM, discusses the results of recent trials, as well as the ongoing trials from which he anticipates findings.

Finally, I want to thank the hundreds of friends around the world who have contacted me recently to inquire about our well-being here in Tokyo, Japan. We are okay, but our nation is still experiencing the effects of the devastating earthquake that struck on March 11, 2011. I was in the operating room (OR) at the time of the earthquake, performing branched TEVAR for a 10-cm arch aneurysm. When a rumor spread that Tokyo Tower collapsed, which is located several blocks from Jikei University Hospital, the staff in the OR evacuated, leaving the patient alone, and ran to the window outside the OR only to find that the damage was limited to its antenna being slightly bent, and thankfully, we were able to complete the case without too much difficulty. However, outside of the OR, much of Japan was not so fortunate. As of day 5 after the "once in a 1,000-years quake," the media's attention has completely shifted from the growing death toll to the invisible fear of nuclear pollution that could possibly force 13 million Tokyo city citizens to evacuate. As of today, all of the staple foods have vanished from every store in Tokyo. Please continue to keep us in your thoughts and prayers. ■



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