

The Latest in Complex EVAR



With the widespread adoption of endovascular aneurysm repair (EVAR) as the preferred treatment method by both patients and physicians, it was inevitable that improvements in

technology and increasing experience would stimulate further innovation. With regard to EVAR in current practice, the phrase “complex EVAR” can encompass many of the issues that are debated today. We have the privilege of editing this edition of *Endovascular Today* and assembling key international thought leaders on a variety of topics covering complex EVAR, and we hope you will appreciate how far we’ve advanced from the early days.

To open, we asked Drs. Jessica P. Simons and Andres Schanzer from UMass to discuss the modern relevance of the instructions for use in daily practice. Next, Matthew J. Eagleton, MD, draws upon his decade of experience in advanced branched/fenestrated EVAR at the Cleveland Clinic to describe his top 10 lessons learned. Drs. Blandine Maurel and Tara M. Mastracci explain the key anatomic characteristics required to achieve a durable seal, as well how to identify and res-

cue a bad seal. Dr. Rachel E. Clough and colleagues discuss the pros and cons of the latest generation of low-profile endografts designed to overcome access issues.

Brant W. Ullery, MD, debates the advantages and disadvantages of parallel grafting versus fenestrated grafting in the Stanford experience. Armando C. Lobato, MD, PhD, and colleagues, who have popularized the sandwich technique, eloquently describe best practices and techniques for this option, with clear diagrams and step-by-step instructions. Timothy Resch, MD, PhD, describes the custom-made devices that are currently manufactured to treat complex sections of the aorta from the aortic valve to the iliac bifurcations.

In summary, we are fortunate to be in a situation in which the technology has improved as much as it has, and patients are receiving better devices and procedures than ever before. Although much work remains and further pioneering efforts are necessary to improve patient outcomes, we continue to appreciate these opportunities to create, innovate, and define the future of complex EVAR.

Elsewhere in this edition, you will also find articles on the latest data and trends in endovenous therapies, interventional oncology in the office setting, and a discussion with Yann Gouëffic, MD, PhD. ■

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