

B O R D E A U X

# PERSPECTIVES

Friday, June 17, 2022

My most didactic/ nightmarish cas and my most promising and innovative technique

## ORGANIZATION

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## CONTACT & INFORMATION

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ENDOPROTHESE DE L'AORTE ABDOMINALE SOUS LOCALE:  
UN MAL POUR UN BIEN ... OU L'INVERSE



*EVAR under local anesthesia:  
It's a blessing in disguise... or the opposite*



**Pr Fabrice SCHNEIDER**  
*Service de chirurgie cardio-thoracique & vasculaire, CHU Poitiers*





## CONFLICT OF INTEREST

Proctoring for Gore\*



## PREREQUISITE

1) The real benefit of local anesthesia remains undetermined for EVAR

**« Practice may follow local hospital routine and individual patient assessment and preference »**

ESVS Guidelines on the management of AAA- Eur J Vasc Endovasc Surg 2019

2) Institution practice

EVAR are performed under General Anesthesia (more recently rachi-anesthesia)

Practice of local anesthesia in our institution

- Advantage: no need to schedule anesthesiologist consultation= quicker scheduling of procedure
- Disadvantage: no presence of nurse nor anesthesiologist in the operating room



CLINICAL CASE:

Mr K. 85 years-old with an asymptomatic 82mm AAA

- Health status: moderate  
walk without assistance

- Factors of morbidity

CardioMyopathy Ischemic: stenosis at 80% of main coronary artery unfit for revascularization

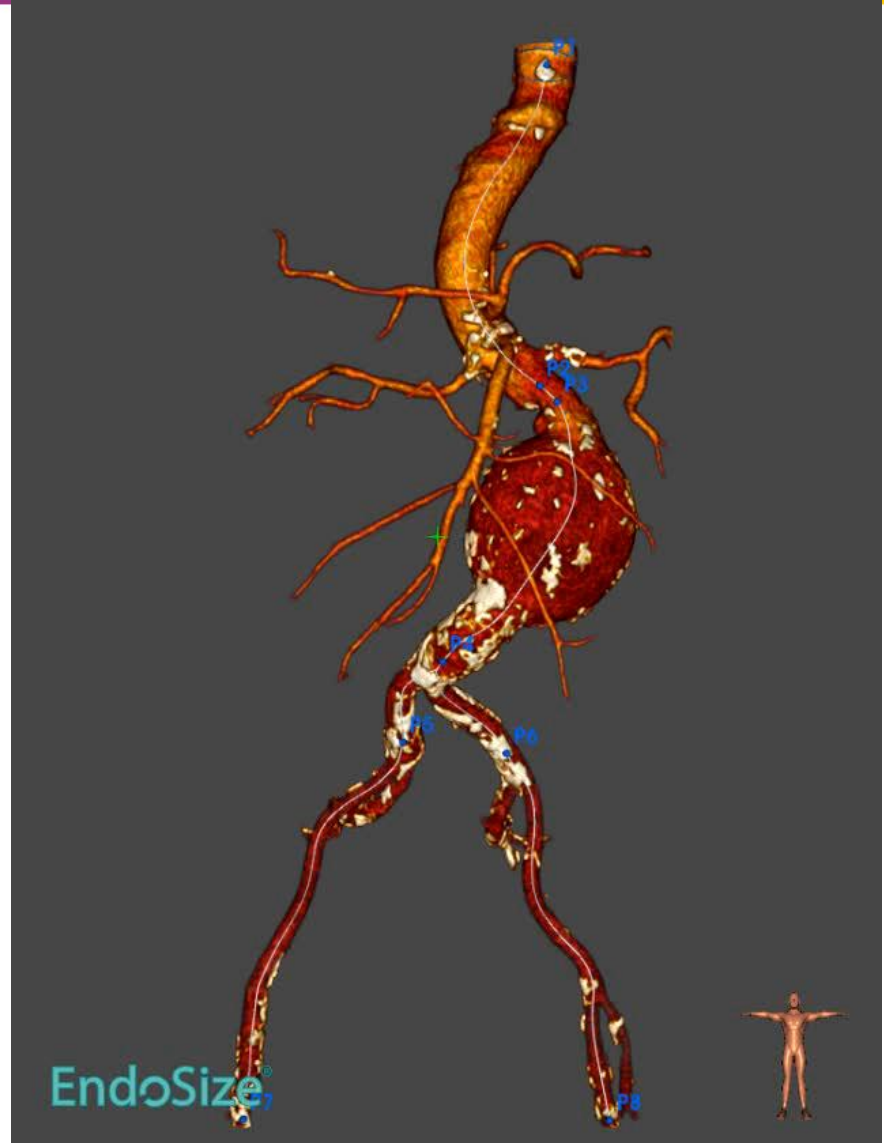
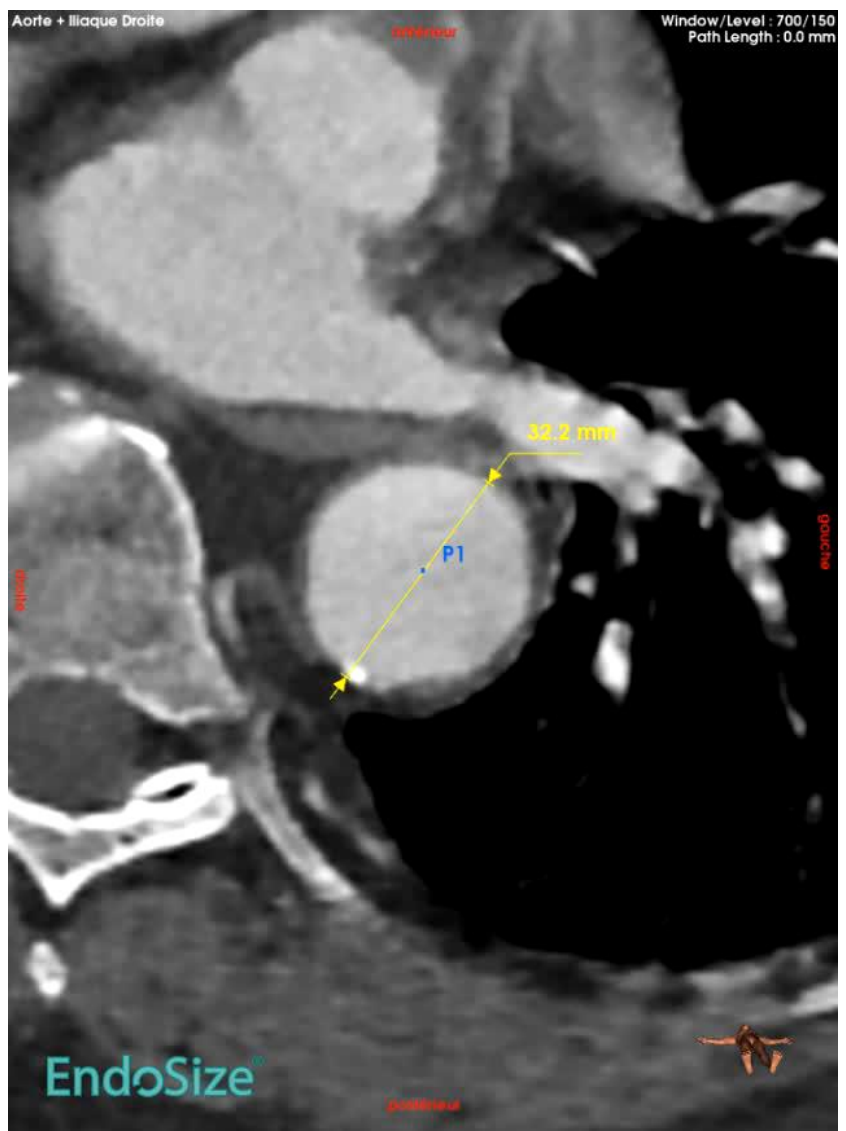
Echo cardiogram: moderate aortic valve stenosis=> unfit for General Anesthesia

Pace Maker for type II Atrioventricular block

Mild Chronic Renal Insufficiency (GFR at 55 ml/min)

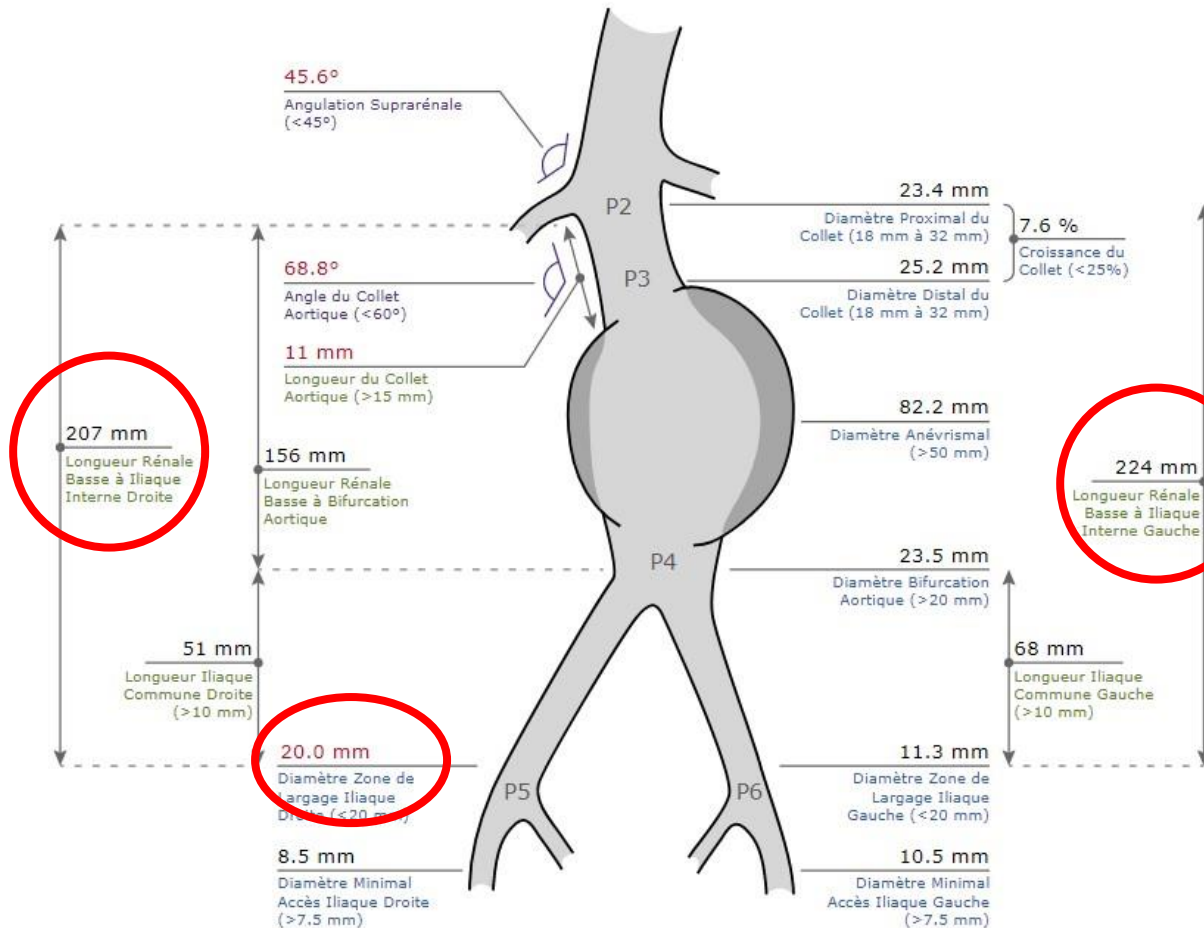
ASA IV

- AAA was discovered on CT-scan to explore hematuria





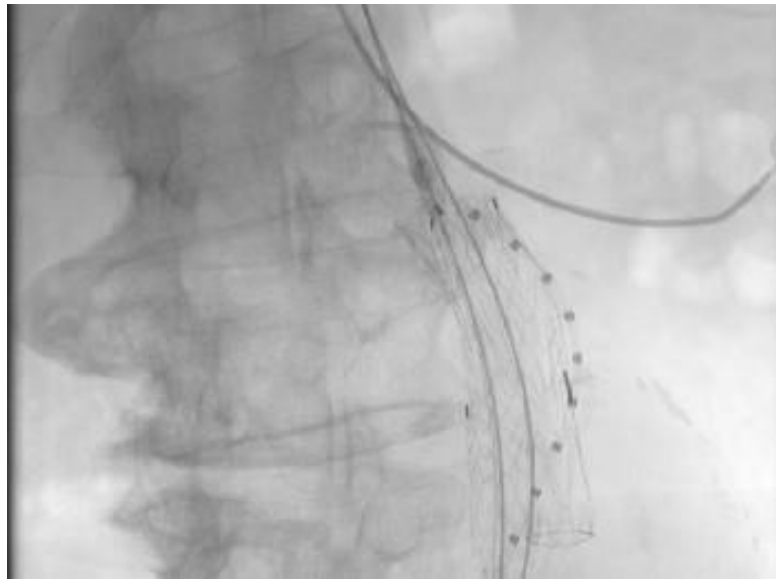
## PLANIFICATION



- EVAR with bilateral femoral per cutaneous access (Excluder C3, Gore\*)  
Long limb  
Large iliac extension on right side
- Thrombus localized at the proximal neck:  
Protection device (balloon) in the left renal artery through a left humeral access
- Local anesthesia with sedation

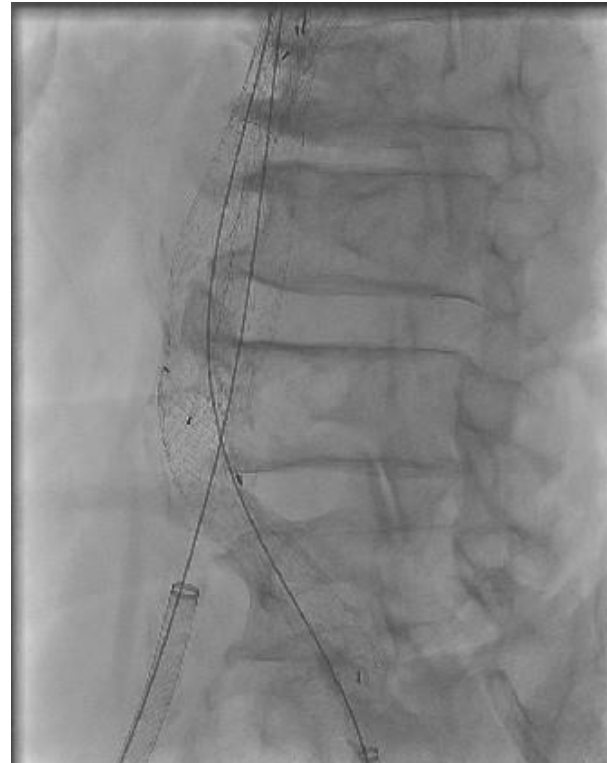


PER PROCEDURAL ANGIOGRAPHY



Main Body on right side (ballerina)

RLT281414



Left iliac extension and modeling of proximal neck and left limb

PLC141400 + PLC 141000





RIGHT ILIAC EXTENSION (PLC 231000) AND RIGHT ILIAC MODELING....



WAITING FOR

Resuscitation

Catecholamine

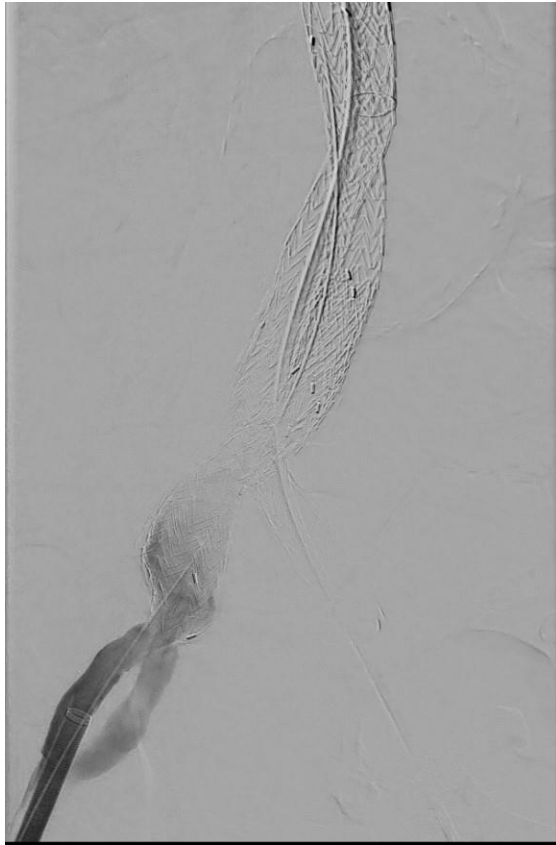
Sedation +++



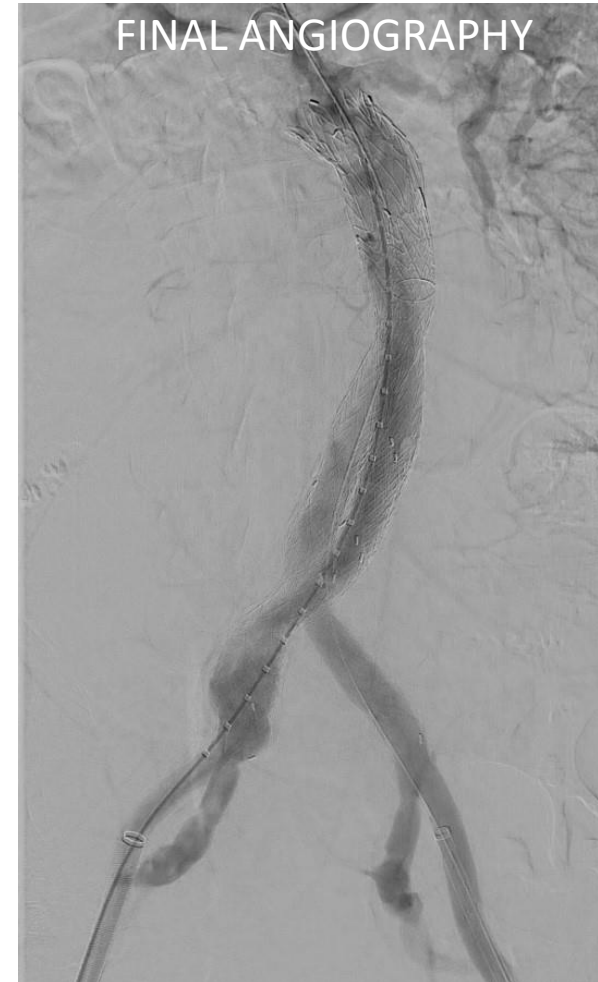
ACUTE AGITATION OF PATIENT DURING RIGHT ILIAC  
MODELING WITH VASCULAR COLLAPSUS FEW SECONDES LATER

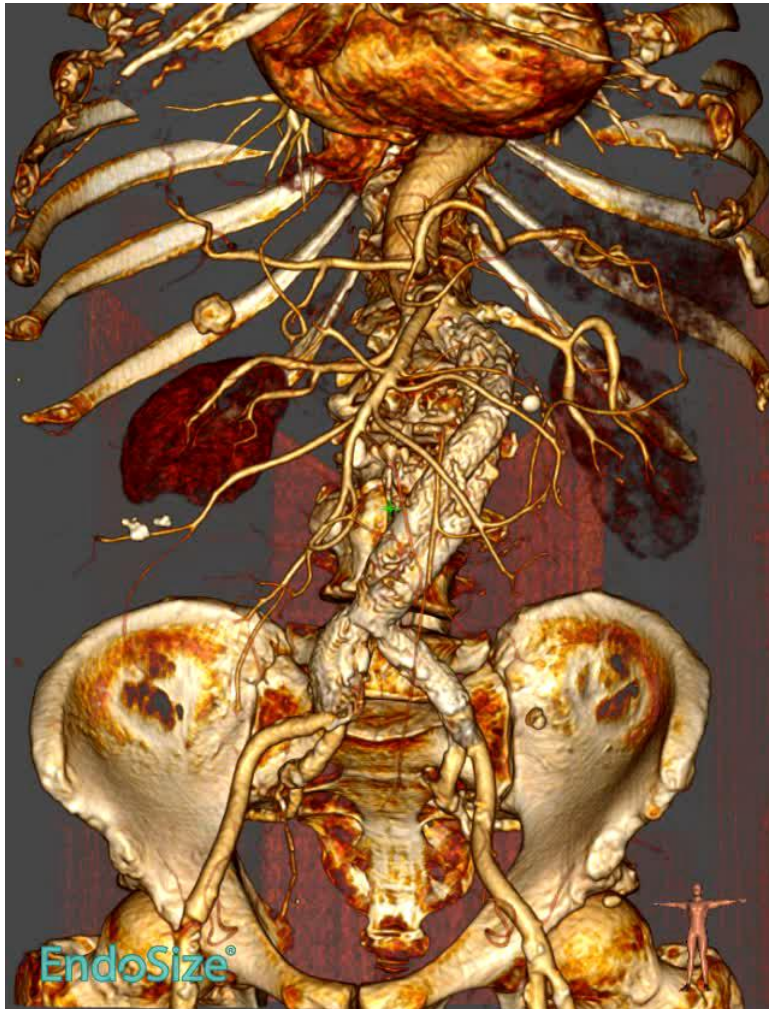


ILIAC ENDOVASCULAR REPAIR



EXTENSION: PLC 231200

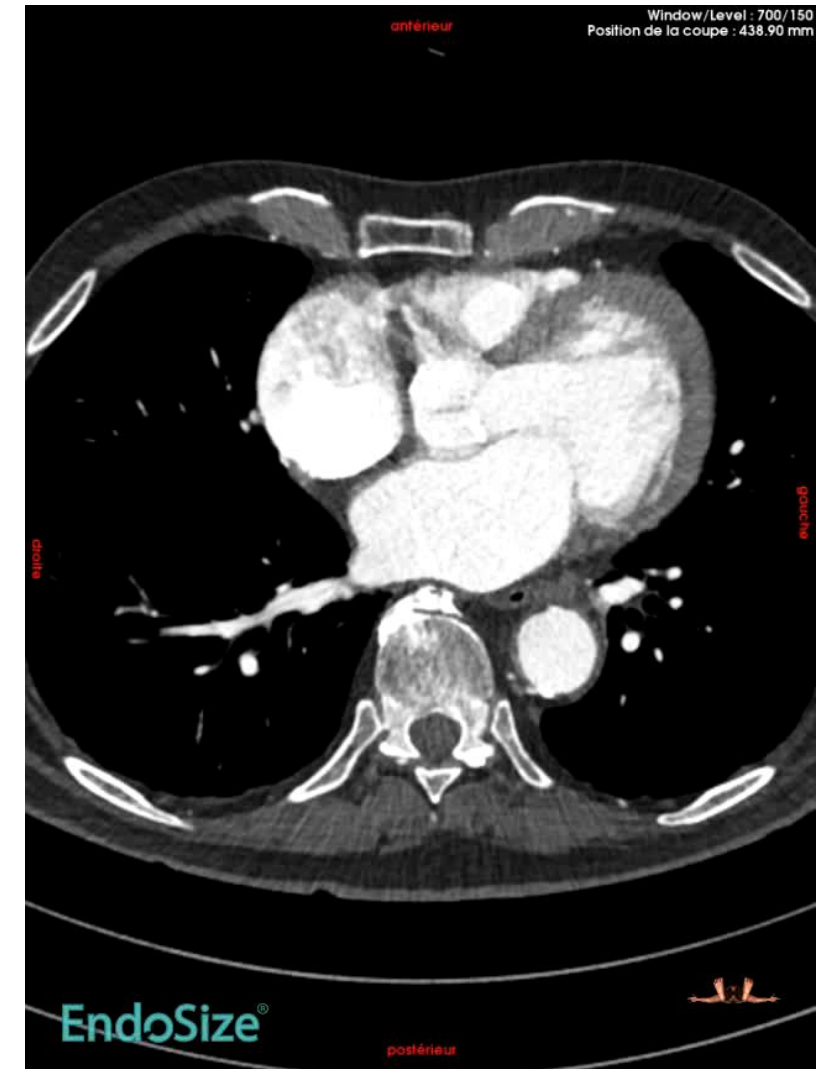




## HAPPY END !!!!

No flow at 1 minute  
RB cells: 3 units  
Intensive Care Unit: 2 days  
Hospitalization: 5 days

CT scan at 3 months





## PERSONNAL LESSON LEARNED FROM THIS CASE

- Unexpected complication in light of the iliac access profile
- Local anesthesia
  - ✓ The Good: Iliac balloon was inflated at the time of pain before collapsus (time is life...)
  - ✓ The Bad: Preparation (vein access) and anesthesiologist team were at the minimum for local anesthesia procedure; Delays to respond to collapsus
  - ✓ The Ugly: management of severe complication under patient's agitation

***Modeling large iliac limb with caution***



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**PERSPECTIVES 2022**



**June**  
**Friday 17**



***Thank You***