


# Clinician (blinded): Comment on the potential concerns (or lack thereof), and proposed management

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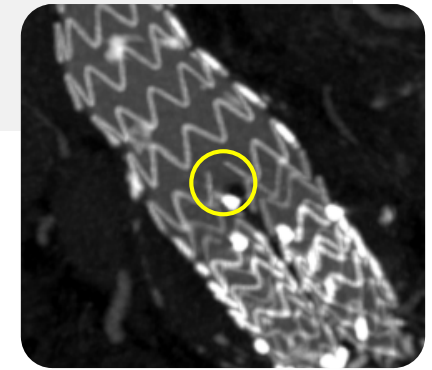
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# Treatment considerations

## TRANSITION STENT FRACTURE

### Non-viable Options



Treatment option	Why not?
Fenestrated graft	Limited body to work (unless graft migrated); requires smEVAR
Endo Revision – Cuff and limbs	Likely does not cover the area at risk
Explantation	Seems drastic with limited failure information

### Viable Options

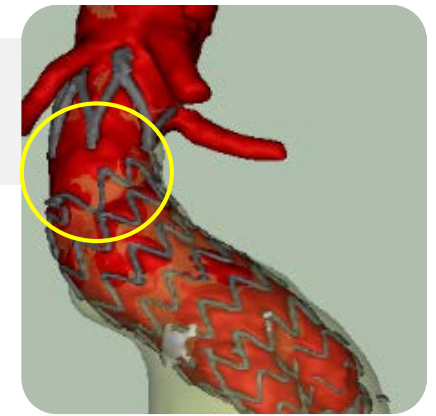
Treatment option	Benefits	Risks
Surveillance	It might not matter	Missed surveillance → possible rupture
Endo Revision		
Aorto-uni-iliac w fem-fem; iliac plug	Secure repair	Morbidity of fem-fem bypass – infection, thrombosis, etc
Open Repair		
Full explanation of graft	Secure, durable repair	Major morbidity
Partial graft explant; repair	May reduce physiologic insult	Requires diligent surveillance for other failure modes

# Treatment considerations

## PARTIAL STENT DETACHMENT

### Non-viable Options

Treatment option	Why not?
Surveillance	Lost continuity of repair – seems “unprotected”
	but what if aneurysm is shrinking? Is repair mandated?



### Viable Options

Treatment option	Benefits	Risks
Endoanchors	Secures to intact aorta	Other failure modes of original graft
Cuff with EndoAnchors	Secures to intact aorta	Another procedure
Fenestrated endograft	Secure repair	Renal risk; requires adequate “body”
Surgical conversion		
Aortic “wrap” with sutures	Secure repair	Physiologic cost
Graft explant – partial	Secures proximal seal zone	Aortic clamp with higher physiologic insult Continued graft surveillance for remainder
Graft explant – complete	Removes other forms of endograft failure	Largest physiologic insult

# Treatment considerations

## SUPRARENAL STENT FRACTURE



### Non-viable Options

Treatment option	Why not?
Surgical explant	Seems too invasive without further parameters of graft failure

### Viable Options

Treatment option	Benefits	Risks
Surveillance	Limited morbidity	May miss T1 EL and rupture
EndoAnchors	Secures to aorta – 16fr	Additional procedure that may not be necessary
Surgical Revision – aortic wrap	Secures proximal segment	Physiologic insult

Just when all was going well . . .



# Clinical Perspective

- 36/139 patients (25.9%) with transition stent fracture
  - May impact integrity of graft
  - Hard to treat as endo only option
  - Need monitoring for AAA growth or significant endoleak
- 2/139 patients (1.4%) with partial stent detachment
  - PROBLEM if endograft migration occurs
  - May be easily treated with cuff and EndoAnchors
- 1/139 patients (0.7%) with suprarenal stent strut fracture
  - Probably a non-problem
  - Requires continued clinical monitoring