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INTERVIEW

EVAR: Case Selection, Device Selection, Technique, and Avoiding Pitfalls

An Interview With Constantino Peña, MD

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At the 2024 SIR Meeting in Salt Lake City, Utah, Constantino S. Peña, MD, interventional radiologist at the Miami Cardiac and Vascular Institute at Baptist Hospital in Miami, Florida, presented several sessions, including "EVAR: Case Selection, Device Selection, Technique, and Avoiding Pitfalls." *Vascular Disease Management* spoke with Dr. Pena about his presentation and the future of endovascular repair of abdominal aortic aneurysms (EVAR).

Dr. Peña, tell us about the EVAR presentation you gave at SIR.

We gave a review presentation on EVAR as part of a session that focused on aortic intervention. I spoke about why we repair aneurysms and the concept of preventing aortic death. Then we discussed how devices have evolved over the last couple decades in the different generations of devices. And then we talked about the pitfalls of present devices.

We talked about the importance of trying to get the maximum aortic neck quality and the factors that are important in neck quality, along with trying to minimize complications from the endograft long term and improving durability of the endovascular repair by trying to evaluate the neck and trying to treat the best patients with the best devices. We emphasized the differences of all the devices.

We spoke about the newest devices, such as the Ovation abdominal stent graft (Endologix), which differentiates sealing from fixation. We talked about the excluder family of devices, one from a C3 or a repositional device to now a conformable device. I think this is going to really help in terms of maximizing your seal in the aneurysm neck, and that should also help durability. Then we spoke about what other things are coming that can help us. How do we prevent further dilatation of the aortic neck and progression of disease? Maybe there's something here with fixation, and there's a lot of work that's already been done with endo anchors. But there's probably more work coming out with other types of new devices to help with fixation of the endograft to the native wall of the aorta.

All in all, I think it's pretty exciting, but I ended the presentation with a watchful kind of a point. And that is, I think that as an endovascular repair, we really have to focus on the long-term durability of some of these repairs.

When you start looking at some of the work being done in the U.K. and the United States looking at how the durability of our endovascular repairs compares to open surgery or other types of repairs, it's important to start focusing on the long-term evaluation of our repairs. I think that should be our focus going forward and continue to be our focus as we try to take this field forward.

What's the one takeaway that you wanted the audience to get from your presentation?

My big takeaway, I would say, is understanding why you place an aortic endograft, and that is really to prevent aortic-related death. We can talk about it being minimally invasive, we can talk about the fact that it can save someone from surgery or prevent an acute rupture. At the end of the day, it's looking at every patient, looking at the risk-benefit analysis of that particular patient, that particular anatomy, and trying to get the best solution that's going to reduce their chances of having an aortic-related death. ■