

INTRODUCTION

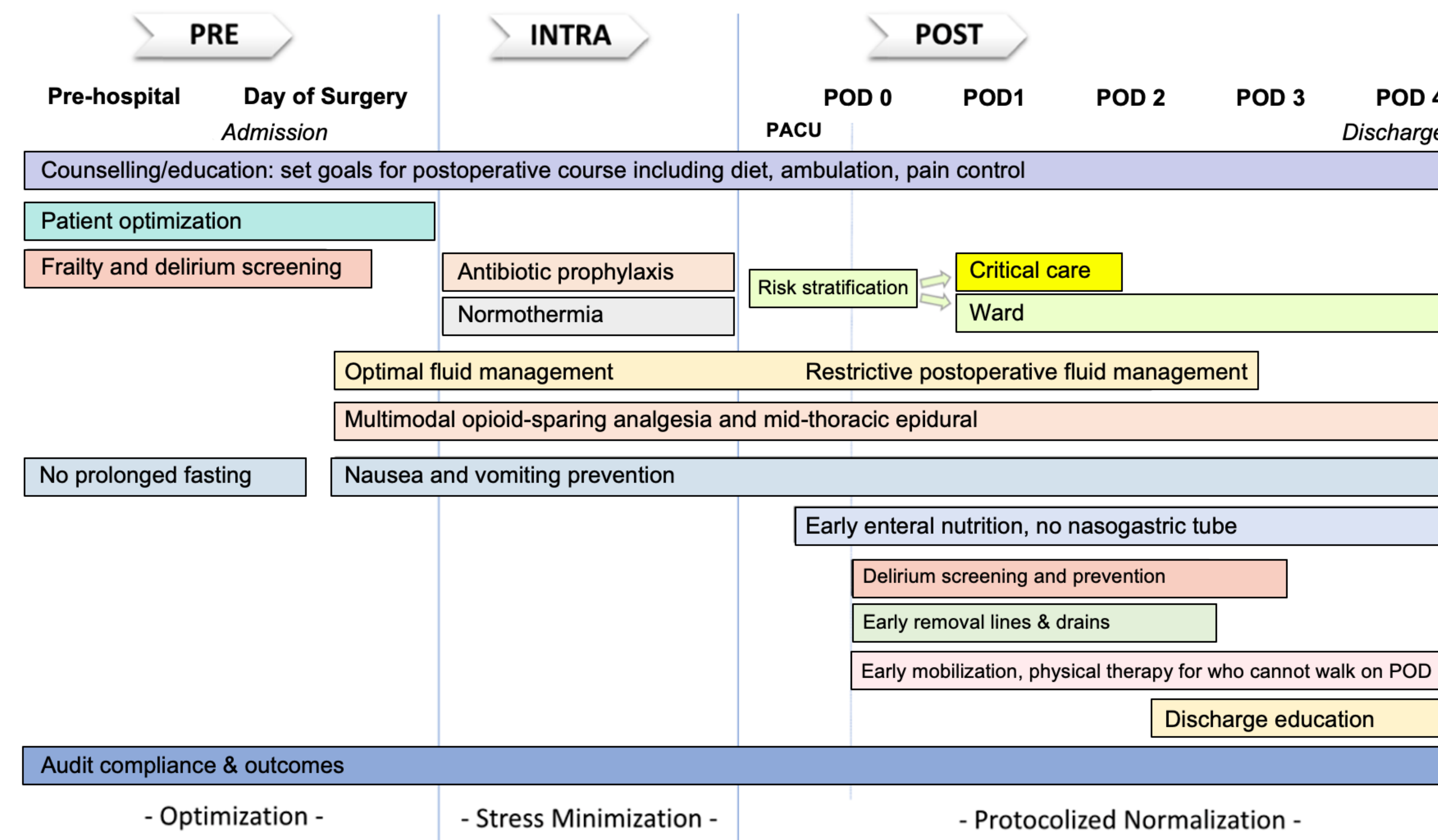
EVAR is still burdened by a significant rate of re-interventions, compromising its success. Despite the possibility of endovascular bailout procedures, open conversion is indicated in selective cases.

Fast Track (FT) protocols have proven effective in reducing the perioperative surgical stress of standard treatment of infrarenal aneurysms.

METHODS

We retrospectively analysed patients who underwent, from 2017 to 2022, elective open conversion managed with a FT protocol, using partial endoprosthesis removal technique whenever possible.

The primary outcome was the analysis of complications at 30 days. Secondary endpoint was length of hospital stay.



RESULTS

Of the 14 patients analysed (age 77±5 years), 57.1% were treated for type II endoleak. 50% had previously undergone at least one secondary endovascular procedure (range 1-3). The endoprosthesis was partially explanted in 12 patients; while two underwent total explantation due to endoprosthesis infection (n=1) or type I endoleak (n=1). At 30 days, zero admissions to the ICU, zero major complications and zero mortality. The mean hospital stay was 5.4 ± 2.3 days.

POST-OPERATIVE DATA	n = 14
Day of discharge, mean POD	5,4 ± 2,3
ICU admission, n (%)	0 (0)
Perioperative monitoring	
First mobilization, mean POD	0,6 ± 0,5
Return to normal bowel function, mean POD	1,8 ± 0,6
In-hospital complications, n (%)	4 (28,6)
Minor	4
Acute renal failure	1
Anemia requiring hemotransfusion	2
Steven-Johnson syndrome	1
Major	0
In-hospital mortality, n (%)	0 (0)

CONCLUSIONS

Despite the achieved technological advances, endoleak remains the Achilles heel of EVAR. The application of a dedicated Fast Track protocol makes open conversion a valid and alternative option to complex and repeated endovascular bailout procedures.

