

Expanding AAA and Severe Coronary Artery Disease



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Presenter Disclosure Information

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Within the past 12 months, the presenter or their spouse/partner have had a financial interest/arrangement or affiliation with the organization listed below.

Company Name
Nothing to Disclose

Relationship

Clinical History

- 59 yo male with 6.4 cm AAA
- PMH: Hx of CAD w/ CABG 1992
 - EF 35%
 - Active angina
 - COPD w/ tobacco abuse



Cardiac Evaluation

- **Dobutamine stress: patient dev V-tach then V-fib**
- **Cor Angio: patent LIMA occluded native RCA and Cx w/ occluded SVG**
- **Underwent implantation of cardioverter-defibrillator**



Abdominal Aortic Aneurysm

- Found during assessment for back pain
- Currently measured 6.4 cm
- CT assessment suggested inadequate neck for EVAR
- Angiography and IVUS



6.4 cm Abdominal Aortic Aneurysm



EVAR Procedure

- Spinal anesthesia
- Placement of Cook 30-96 graft w/ fenestration for L renal artery
- Placement of 6mm by 22mm Atrium stent
- EBL- 200cc Contrast-150cc
- No endoleak



Fenestration Atrium Stent Placement



Fenestrated Cook Zenith Graft



Post Procedure Course

- **No complications discharged POD #1**
- **Follow-up at 1 month with CT scan demonstrated the graft to be in good position with no endoleak**
- **6 month f/u in Dec 2008**



Teaching Points

- **Cardiac assessment influences both peri-procedural risk and longer-term survival considerations and mgmt**
- **Evolution in EVAR technology will increase the number of pts that can safely be treated with this less invasive technique**

