VI INTERNATIONAL SYMPOSIUM OF ENDOVASCULAR SURGERY
ENDOVASCULAR SURGERY CHAPTER

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Editorial

Keys to a Symposium of maximum interest

In this newsletter we publish an interesting interview with Dr. Antonio Gimenez Gaibar, chairman of one of the most awaited panels, which will deal with Complications of endovascular treatment of complex aortic disease. In this conversation, we find many of the keys to understand the increasing attractiveness of our International Symposium on Endovascular Surgery.

The first key is undoubtedly related to the increasing use of endovascular procedures. As our interviewee points out, although open surgery is still the "gold standard" with which we should compare any technique used, endovascular procedures, alone or associated with less invasive surgical techniques (hybrid procedures), are experiencing growth that makes it difficult to speculate with its limits and that, in certain pathologies, open surgery will be relegated to a rather residual use.

The second key has to do with the interest and complexity of the endovascular techniques that will be presented. Attendees in our Symposium will know extremely complex techniques which, as Dr. Gimenez says, " until now, they were reserved for very few highly specialized centers, and in a short time they have been able to extend their use thanks to technological advances and the continuing training of professionals". We want to contribute precisely to that training.

The third key has to do with the quality of the speakers, many of them international, and of the live cases that will be seen. Our interviewee is right when he says that this live surgery represents a double challenge: the technological one and the one of finding an interesting case to show. During his panel, the live surgery from Chicago by Dr. Milner, will be one of the highlights of this symposium, both by the specialist who will lead, one of the most qualified and prestigious professionals in the treatment of aortic pathology complex internationally, as well as the interest of the intervention itself: the treatment of an abdominal aortic aneurysm using a standard prosthesis with a hostile neck.

Live interventions and panels with speakers who will address extraordinarily complex techniques are fundamental ingredients to which we must add, to a greater extent, the research participation of the members of the Chapter.

Front cover

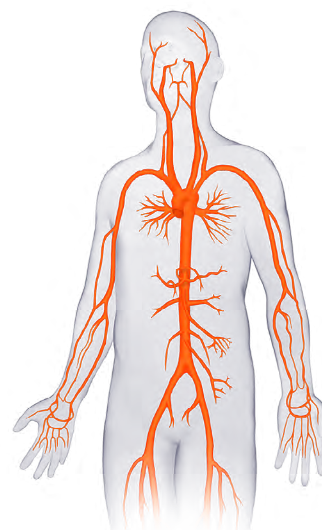
Almost a twenty of open panels contributions to the contents treated in the different Round Tables raise the scientific level of the Symposium

These communications confirm the intense research activity of the members of the Chapter and the growing concern to raise the level of science along with care practice

A total of 18 free contributions will be presented as a corollary of the speakers' interventions in the five PANELS that will structure the contents of the VI International Symposium on Endovascular Surgery. Compared to the communications of the first years, we must emphasize that these researches begin to show results that are the fruit of the journey of several years and therefore to reach conclusions of increasing interest.

Thus, after the first panel, the one moderated by Dr. Jose Manuel Llaneza on Advances in endovascular therapy for treating ascending aortic and aortic arch pathologies, will present three free open panels contributions, by specialists from the Miguel Servet University Hospital, in Zaragoza; University Hospital of Guadalajara, in Guadalajara, and San Cecilio Hospital, in Granada. The first will show the results of the experience in endovascular treatment of thoracic aortic pathology over the last 6 years. The second, the 12-year experience on stent graft repair in the aortic arch and descending thoracic aorta. And the third will address the Predictors of reintervention in Type B aortic dissection.

After the second panel on Endovascular treatment of Compressive Venous Syndromes, we will have four open panels contributions. The first, by specialists at the University Hospital of Bellvitge, Barcelona, will address the treatment of aortic endograft infection. The second, conducted by specialists at the University Clinical Hospital of Valladolid, will address the Influence of endoleak in



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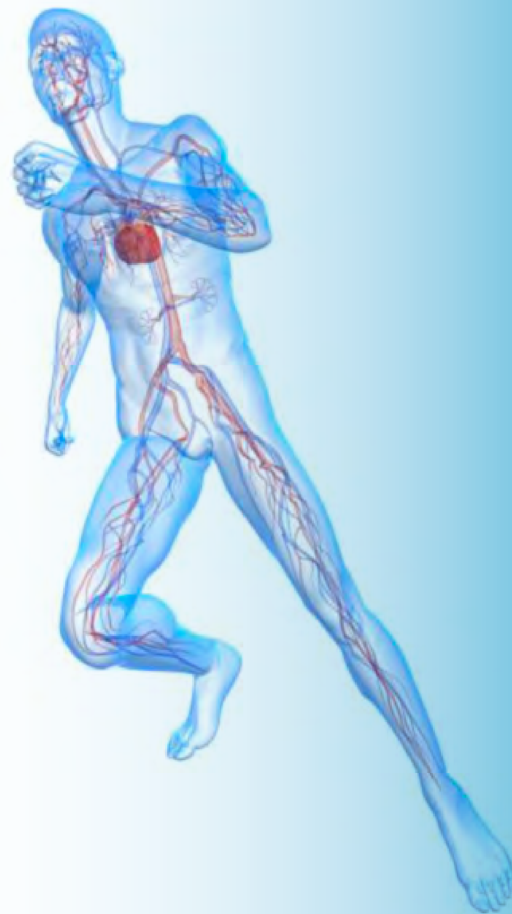

the matrix metaloprotease response after abdominal infrarrenal aortic aneurysm endovascular exclusion. The third, from specialists of the Parc Tauli Hospital, from Sabadell, will focus on Endovascular Repair Of Iliac Aneurysms Associated With Ectopic Pelvic Kidney. Finally, the mates of the Hospital of Jaen, will refer to the Embolization Of Pseudoaneurysm Through Not Covered Stent.

After the third panel, of which we spoke extensively in the interview published in this newsletter, we will also have four open panels contributions, one from the Hospital of Valladolid, another from the Dr. Peset Hospital in Valencia, and two from the Central Hospital in Asturias. Oviedo. Their titles (abbreviated) are the following: 1) Geometric Analysis Of Fenestrated And Multibranched Aortic Endografts; 2) Endoleaks related to visceral stents in complex aortic endovascular procedures; 3) Experience in treating type II endoleaks; and 4) Evar in wide and angled aortic necks with 35 mm excluder stent.

The fourth panel, on an update on endovascular therapy of the superficial femoral artery, will also have four open panels contributions, from San Cecilio Hospitals in Granada, Cruces de Bilbao, Guadalajara and finally one performed by specialists of the Ramon y Cajal Hospital of Madrid and Central Hospital of Asturias. The colleagues from Granada will contribute their results to the Use of tigris vascular stent in advanced femoral popliteal peripheral arterial disease. The study shared by both Ramon y Cajal and the Central Hospitals talks on the role of covered stenting for iatrogenic femoral pseudoaneurysms in critically ill patients. The Cruces Hospital study addresses on endovascular repair of acute abdominal aortic injuries with single iliac endograft. Finally, colleagues from Guadalajara offer their results in endovascular treatment in patients with chronic mesenteric ischemia.

The last panel, on Endovascular treatment of supra-aortic trunks, receives three open panels contributions, from specialists at the San Cecilio Hospital in Granada, Vall d'Hebron in Barcelona, and Central Hospital from Asturias. The first one analyzes the flow preservation techniques in hypogastric artery. The second shows the initial results in sac embolization during evar in selected patients. Finally, the third talks on endovascular treatment of complete arterial occlusions of the iliac axis with coated stents.

Together with these open panels contributions, there are also 16 posters as result of high scientific quality works.

Interview

ANTONIO GIMÉNEZ GAIBAR. “In the treatment of the complex aortic disease, open surgery is likely to be only for young people with low comorbidity”

Dr. Giménez Gaibar is the Chairman of the 3rd Panel of the Symposium: Complications of endovascular treatment of complex aortic disease

Why the choice of endovascular treatment of complex aortic disease and its complications for the program of the Symposium? What elements make it topical and justify its relevance to attendees?
Currently, there is a paradigm shift in the treatment of the complex aortic pathology, especially from the perspective of the aneurysmal disease. This is mainly due to the evolution of endovascular devices, which are increasingly reliable, versatile and compatible with different anatomies, which allow treating patients who until now were only susceptible to open surgery, which included long and complex postoperative procedures, with figures of negligible morbidity and mortality.

What percentage of interventions represent endovascular techniques in the treatment of complex aortic disease?
Probably this change of paradigm has led to an important shift towards these endovascular techniques, assuming about 80-90 per cent in most parts of our country.

When is endovascular surgery recommended and when not?
Although open surgery is still the “gold standard” with which we should compare any technique used, endovascular procedures, alone or associated with less invasive surgical techniques (hybrid procedures), are experiencing annual growth rates in implants, which makes it difficult to know the limit of these techniques. Probably, open surgery would be for relatively young people, with low comorbidity, that is practiced in high volume centers and that have an audited rate of low complications; for the remaining cases, endovascular surgery could be considered as primary, except for a greater anatomical contraindication.

What percentage of survival is achieved with these interventions? What survival was achieved before the endovascular techniques?
Undoubtedly, in the segment where there has been a major change in postoperative morbidity and mortality rates it has been in the treatment of thoracic and thoracoabdominal aortic aneurysms. The mortality of open surgery could range between 4 and 15 per cent, with significant postoperative morbidity, ranging from paraplegia, renal failure, cardiorespiratory complications ... Endovascular techniques would clearly lower these rates of morbidity and mortality (<6 per cent), with the drawback of the need for strict control of the procedure and a relatively high rate of reinterventions in the follow-up.

What is the level of Spanish endovascular surgery in this type of intervention, compared to the most advanced countries in the world? Where would you say that the most advanced interventions are practiced?

For the success of these endovascular procedures should be contemplated from an indispensable planning of the procedure, a reliability of the prosthesis, the adequacy of the space and the available technology, as well as the expertise of the surgical team. There are centers of reference in Europe, due to the high volume of cases that are concentrated in them. However, currently the Spanish endovascular surgery counts on an important volume of procedures, exceeding 100 cases per year of fenestrated or branch prosthesis, which means that many of our centers have far exceeded the necessary

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Interview Dr. Giménez Gaibar

learning curve of these complex techniques. This would not be possible either, if it were not accompanied by an inevitable updating and modernization of the radiological support equipment that is available.

What new techniques and advances are beginning to be used in the endovascular treatment of complex aortic disease?
The greatest advance in the complex aortic disease has been the possibility of extending the areas of sealing of the aneurysms above the visceral arteries, either with the appearance of customized prosthesis (tailor-made), or prosthetic techniques in parallel (chimneys, snorkel, ...); together with the reduction of profiles of the devices or anchoring systems or fixation of the prosthesis.

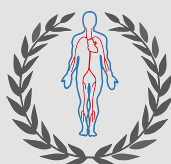
The Symposium will talk about some of the complications that can happen . Could you tell us briefly about them and what are the new techniques you are dealing with?
We will talk at the Symposium panel on the difficulties and complications, both immediate and delayed, in the treatment of thoracoabdominal aneurysms; of the Treatment of complications following endovascular aortic repair for type B aortic dissection; of the possibility of treating through fenestrated prostheses the appearance of type I endoleaks in the follow-up of a standard aortic endoprosthesis; and Parallel graft endovascular techniques for complex aortic pathologies. All issues will be exposed and treated by professionals of recognized experience in each of the topics.

> “The support teams for this type of intervention are one of the points of improvement in our countrys”

Spanish hospitals count with the necessary equipment and resources for this type of intervention and the complications that may arise? Is there homogeneity of the assistance provided throughout Spain? What is the level of training of Spanish specialists?
The level of training of Spanish specialists is good and is guaranteed by the MIR system. Probably these complex aortic pathologies require a level of experience higher than other endovascular procedures, so that the specialists who perform them must have extensive experience in any type of aortic and peripheral endovascular surgery, since sometimes the anatomy can difficult certain catheterizations of visceral vessels or hinder the passage of the devices by complicated access. The support teams for this type of intervention are one of the points of improvement in our country, because they can require long times of fluoroscopy and specific radiological projections, which limited performance equipment or tables cannot adequately determine the outcome of the procedure, involving risks for both the patient and the professionals (radiological risk).

And in prevention, and management and control of the patient already treated, what should be our rating?
Many studies and clinical practice guides have emphasized the essential need for control and monitoring of these endovascular techniques, in order to keep good results in the medium and long term. Therefore, all surgical teams have established protocols for monitoring these techniques. I have no doubt that they are well-controlled patients in our services.

What advantages and risks do you think the technological super specialization of the specialty and the accelerated pace of implementation of new technological advances?
The advantages should always be addressed at improving the quality of life and survival of patients. The disadvantages come with the need for ongoing training and updating of the knowledge of professionals, who need a continuous evolution and daily practice. The risks will be linked to the delay in the implementation of certain safety regulations,



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Interview Dr. Giménez Gaibar

such as radiological safety.

From 0 to 100, at what moment of progress would you say that we are in the specialty in the individualization of treatment, surgery and clinical management of each patient?
The individualized treatment of each patient has always existed, what has changed is the standardization of the procedures based on the best evidence supported by the clinical practice guidelines. Listing in percentage the advances in a surgical specialty is absolutely impossible, since the technology and the procedures are in continuous evolution with the objective of achieving the best clinical results with the lowest complication rates.

Let's talk about big data. Science fiction or upcoming reality? What can be expected from big data?
Big data, as a centralized data registry, seems very interesting to me as a method to analyze a large volume of information with the results of new products and technologies. This would allow to early analyze data and make decisions about what has been learned. The problems of these large databases are multiple, the necessary anonymization of personal data, the quality in obtaining data, the handling of information and the absence of standards that can lead to errors in the analysis, with consequences difficult to predict.

What would you highlight from the papers that will be presented at your panel, and from the speakers?
What I would mainly highlight is the high complexity of the procedures and the pathologies that are treated. Extremely complex endovascular techniques are presented, which until recently were reserved for very few highly specialized centers, and that in a short time has been able to extend its use thanks to technological advances and continuing education of professionals. This allows treating a greater number of patients with full guarantees. The speakers are professionals of recognized experience and solvency in the subjects that are treated, and that I am convinced that they will be didactic and practical in their presentations.

> **"Extremely complex endovascular techniques are presented, which until recently were reserved for very few highly specialized centers"**

The symposium is becoming increasingly international. What "plus" will bring to the attendees the participation of Dr. Reijnen, of the Rijnstate Hospital Arnhem, and Dr. Marwan Youssef, of the Medical Centre of the Johannes Gutenberg-University Mainz, in Germany?
Both Dr. Reijnen and Dr. Youssef have extensive experience in the treatment of complex aortic pathology, with publications in impact factor journals and integrated in high-volume case teams in the treatment of this pathology. I am convinced that their knowledge and expertise will be of high interest to all attendees.

It will be the first year with live surgery from international hospitals. What surgery will be practiced in the broadcast from Chicago and why the selection of that case and that hospital? What will the intervention of the Granada Hospital consist of?
Being able to broadcast live surgery is always an added complexity, both from the technological point of view, as well as the availability of an interesting case to be shown to the audience. We must recognize that it is an added value and it is always positive to be able to see how a surgical intervention takes place in a center with a different culture and approach to our field. From this point of view, the broadcasting from Chicago by Dr. Milner, already in itself is extremely interesting, also reviewing his knowledge and experience in the treatment of complex aortic disease. The live case will focus on the treatment of an abdominal aortic aneurysm using a standard prosthesis with a hostile neck.
On the other hand I know that in Granada a case of complex aortic pathology for treatment with a customized prosthesis has been searched hard. Finally, a retransmission of a standard aortic case will be carried out, but with the presentation of a new image processing software that can be coupled to any radiological arc and that allows the fusion of images with the preoperative CT, which can be of extreme interest to reduce radiation and contrast.

FIVE WORKS WILL COMPETE FOR THE BEST SCIENTIFIC VIDEO PRIZE

The works have been presented by colleagues at the University Clinical Hospital of Valladolid (two videos), University Hospital of Burgos (two videos) and University Hospital of Guadalajara

Five works will compete for the prize for the best scientific video, one of the most anticipated moments (and also, why not say it, more funny...) of the Symposium. The works, which each year are exceeded in creativity as well as, logically, in scientific interest, will be exhibited on November 9. The works that compete for the prize are the following.

- **Treatment of bronchial artery aneurysm. Clinical case.** University Clinical Hospital of Valladolid
- **The prisoner of the aortic coarctation.** University Hospital of Burgos
- **Intra-abdominal mass of sinus origin.** University Hospital of Burgos
- **Invisible.** University Clinical Hospital of Valladolid
- **Modern times ... Modern solutions. Aortocaval fistula after evar.** University Hospital of Guadalajara

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