

**ENDOVASCULAR AORTIC REPAIR VS. OPEN SURGICAL REPAIR FOR
ABDOMINAL AORTIC ANEURYSM: A 10-YEAR STUDY IN A PHILIPPINE
TERTIARY GOVERNMENT HOSPITAL**

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ABSTRACT

INTRODUCTION

Endovascular procedures are associated with lower operative mortality, however there is no noted significant difference in total mortality or aneurysm-related mortality in the long term. Endovascular Aortic Repair (EVAR) is usually associated with increased complications and reinterventions and more costly in comparison with Open Surgical Repair (OSR). In literature, the 30 day operative mortality for EVAR is 1.8% compared to OSR which is 4.3%. There is a limited number of literatures in the Philippines comparing both OSR and EVAR post operative outcomes.

METHOD

A retrospective cohort study to compare the outcomes of EVAR and OSR for patients with abdominal aortic aneurysm at a Philippine tertiary government hospital from 2015 to 2019.

RESULTS

There is a significant difference in the length of ICU stay as well as length of hospital stay wherein patients who underwent OSR had longer ICU and Hospital stay. No significant difference on AKI, Surgical site infection and pulmonary complication in patients who underwent EVAR and OSR. OSR had longer duration as compared with EVAR and this can significantly affect the outcome of the procedure as well as the number of blood needed to transfuse, wherein more blood transfusion is needed in the OSR group than EVAR group.

CONCLUSION

All cause In-hospital mortality for both EVAR and OSR has no significant difference. EVAR is the preferable choice for older patients with comorbidities because of its desirable periprocedural outcomes. However, in younger patients who have longer life expectancies and for whom age is not a factor, the selection of treatment would be OSR.