Methods: We identifi ed 45 consecutive patients undergoing TAB from April 2012 onwards. Notes were analysed for indications for, timing, length and results of TAB, and subsequent patient management.

Results: Of those started immediately on steroids, 8/40 (20%) underwent TAB within one week. 21/45 specimens (48%) were one centimetre or longer. Seven patients (16%) had their management changed following TAB within one week. 21/45 specimens (48%) were one centimetre or longer. Seven patients (16%) had their management changed following TAB within one week.

Conclusions: There is high mortality following embolecotmy. Though basic investigations are performed, further assessment may be necessary to prevent high mortality.

0875: EXPLORING THE USE OF ENDOVASCULAR REPAIR IN THE TREATMENT OF Ruptured Abdominal Aortic Aneurysms in a District General Hospital

Joanne Todd*, Deji Olojugba. Warrington Hospital, Warrington, UK.

Introduction: The use of Endovascular Aneurysm Repair (EVAR) for the emergency repair of an abdominal aortic aneurysm (AAA) is debated. Previous studies show a reduction in perioperative morbidity and mortality over the traditional open procedure. This study identifi es patients presenting with a ruptured AAA over a two year period that may have been amenable to emergency EVAR.

Methods: 34 patients presented with ruptured AAA during April 2011-April 2013. The patient CT images were assessed for EVAR suitability using the Core Excluder® for AAA endoprostheses criteria.

Results: 30 case notes were available, 20 patients clinically stable enough for CT, 12 patients male and the average age was 75 years. The average aneurysm neck diameter was 26.0mm (range 20.0-30.9mm), average neck length 33.7mm (range 15-60mm), and average angle 34° (range 14.0-90.1°). The average diameter of the AAA 75.18mm (range 57.0-106.0mm). The average length of the left sealing zone was 47.3mm (range 27.9-70.5mm) and the right 47.8mm (range 26-78mm). The average diameter of the left common iliac artery was 15.8mm (range 11.1-22.7mm) and the right 16.7mm (range 7.3mm-26.4mm). 12 patients that had a CT would have been amenable to EVAR.

Conclusions: 60% of ruptured AAA’s that presented to our hospital would have been amenable to emergency EVAR.

0910: ENDOSCOPIC VEIN HARVESTING (Evh) in Lower Extremity Arterial Bypass (Leab): A Systematic Review


Introduction: Although EVH is associated with lower wound complication rates than open vein harvesting (OVH) for arterial bypass surgery, other long term outcomes remain controversial, and there are concerns that graft patency may be poorer after EVH than OVH. A literature search of Medline, Embase, Ovid and Cochrane databases between 1996 – 2013 was performed using terms ‘endoscopic vein harvesting’, ‘minimally invasive vein harvest’, ‘peripheral bypass surgery’ and ‘lower extremity bypass surgery’.

Results: A total of 369 patients underwent carotid endarterectomy within the study period. 175 patients were excluded due to insufficient imaging. 194 patients were included (mean age ± SEM = 73±1 year; 125 male, 69 female) and their images and carotid duplex scan results were reviewed. 361 pairs of data were analysed using Pearson’s correlation (r=0.06, p=0.23).

Conclusions: We showed no significant correlation between the length of the extracranial ICA and the degree of stenosis that may develop within it.