UCDAVIS HEALTH | Division of Vascular Surgery

Multi-disciplinary Care of Patients With Aortic Disease

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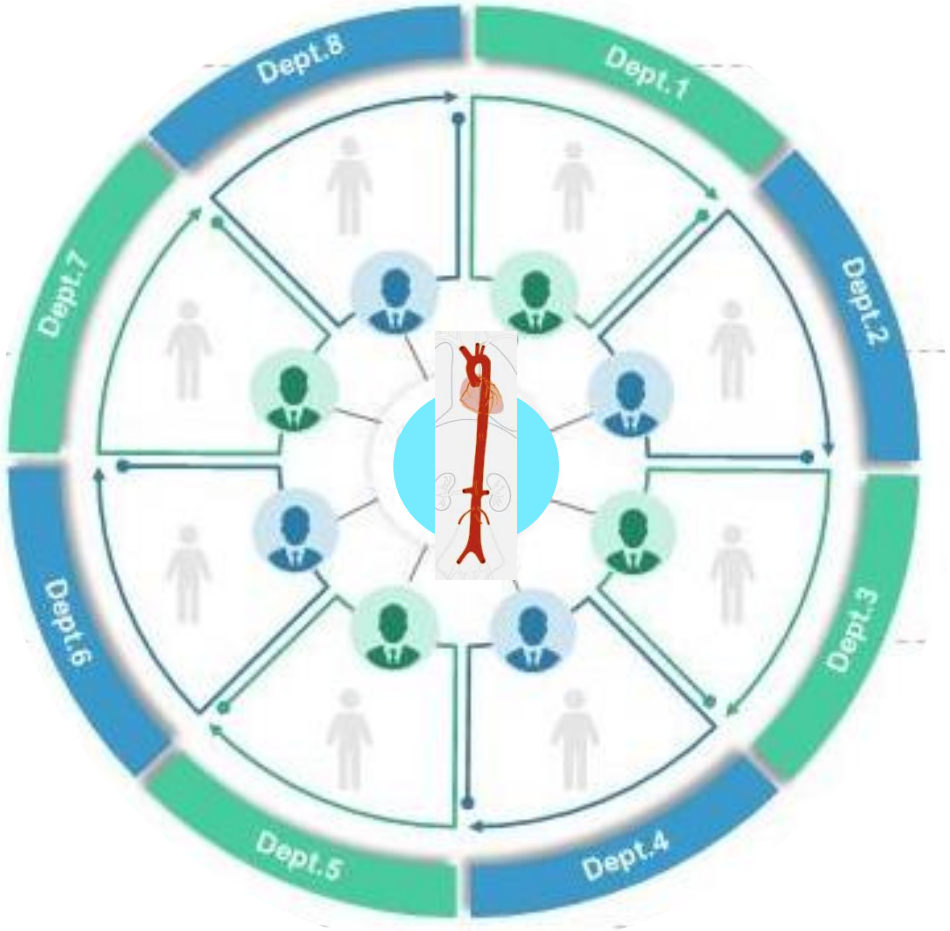
Disclosures

- Opinions are mine
- Much of what I am sharing I have learned from my own career pathway and from others



Areas of Focus

Patient selection and Evaluation

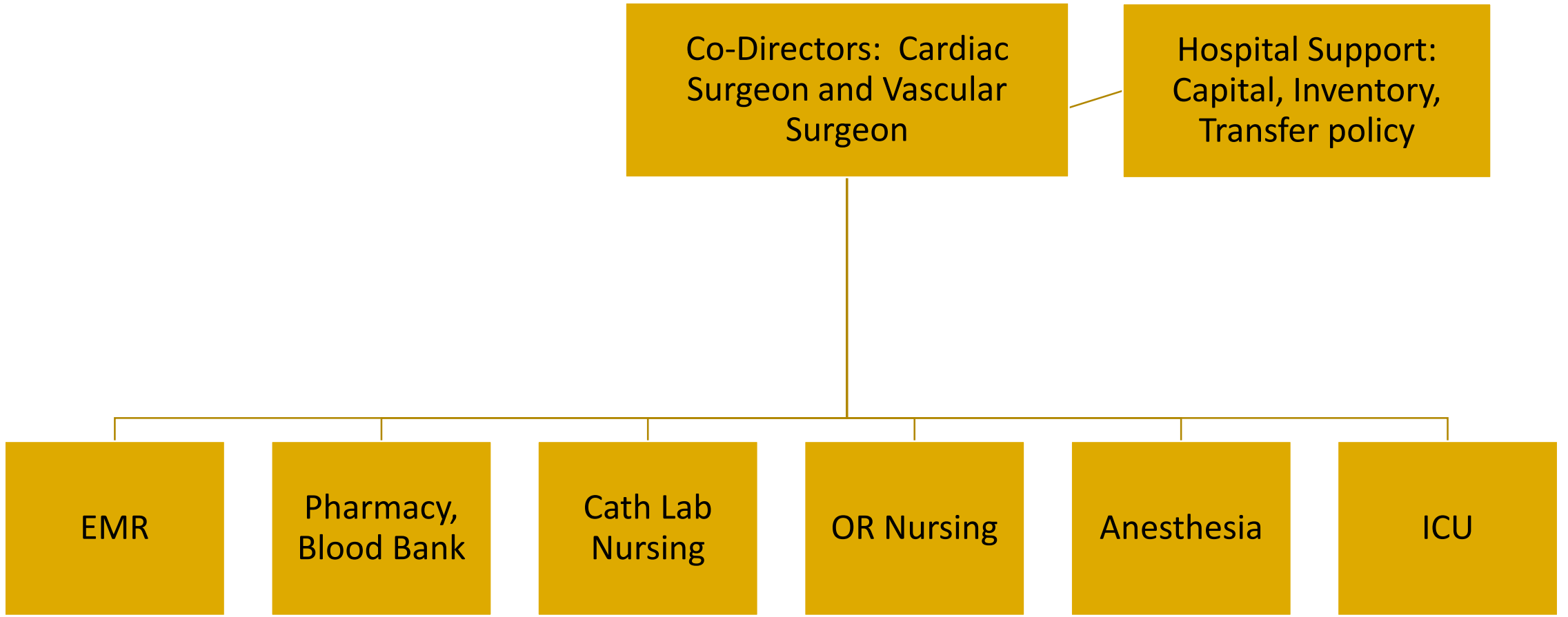
- Vascular Surgery
- Cardiac Surgery

Observational management

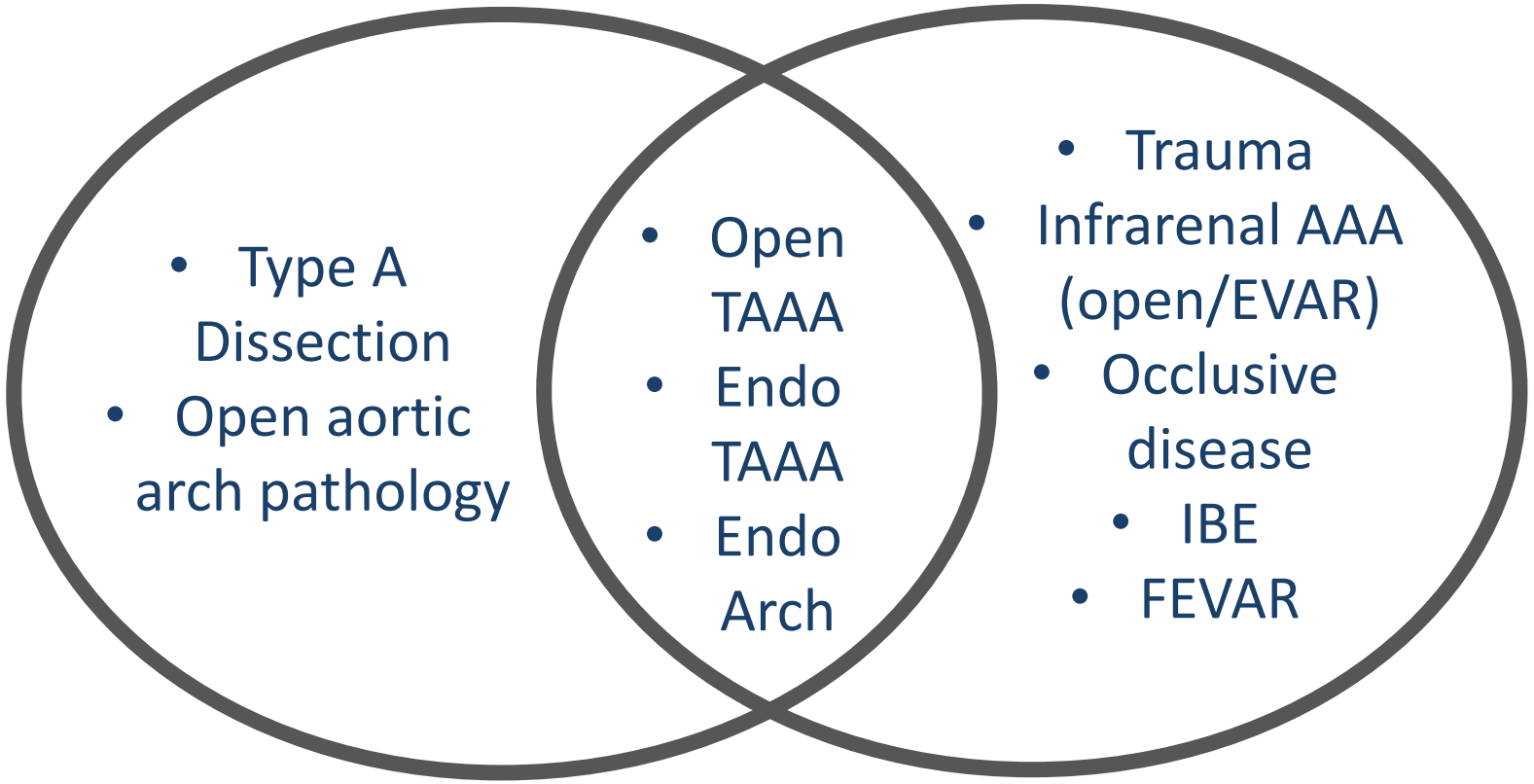
- Ambulatory care
- Radiology
- PCP

- **Peri-operative care**
  - Primary surgical team
  - Anesthesia
  - OR/Cath lab
  - ICU
  - Cardiology
  - Pulmonary

Aortic Program: organizational structure



Patient selection and assignment

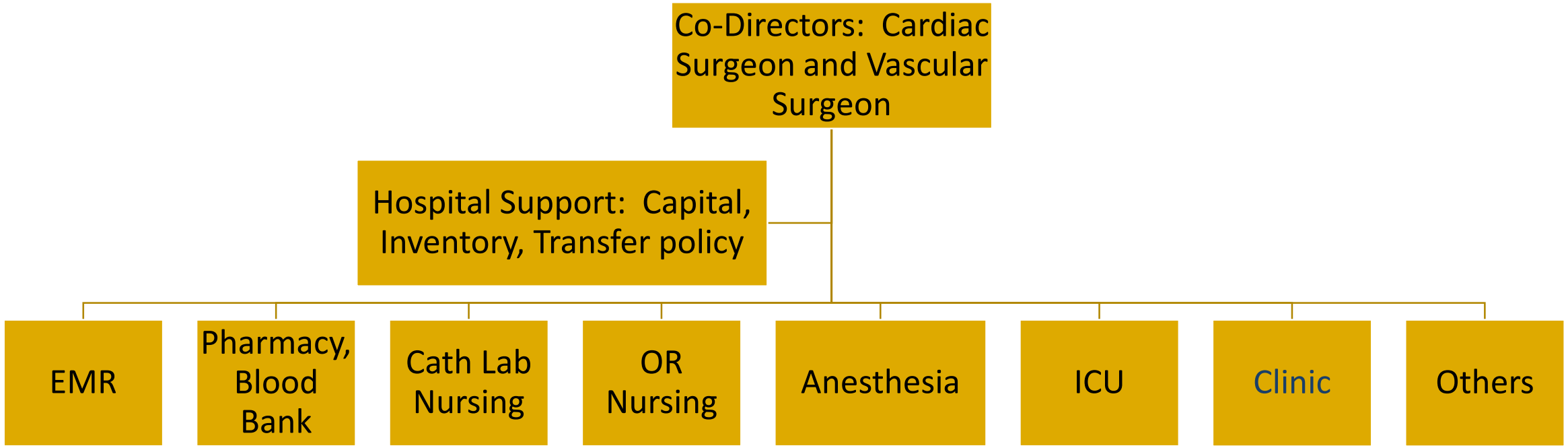


Factors to consider:

- Local Expertise
- Referral patterns
- Clinic infrastructure
- Clinical Trials
- IDE

- **Complementary**
- **Collegial**
- **Collaborative**

Aortic Program: organizational structure



Observational Managements: Surveillance

Gaps in surveillance were far more likely for those with rupture ($p<0.0001$):

11.8% with intact repair
47.6% with rupture

- Partnership with PCP
- Standard Protocols when possible
- Avoid Loss to Follow-up

Table III. Predictors of rupture

Variable	*OR*	*95% CI*	P *value*
Female gender	1.15	0.90-1.47	.27
Age at repair (per decade)	1.62	1.35-1.95	<.001
Gaps in surveillance	5.82	4.64-7.31	<.001
Year			
2006	1.0	Referent	
2007	1.15	0.85-1.57	.37
2008	1.12	0.81-1.56	.49
2009	0.92	0.68-1.26	.61
Caucasian race	1.27	0.72-2.25	.40
Income			
Low	1.35	0.94-1.94	.19
Middle	1.0	Referent	
High	1.02	0.79-1.32	.88
Medicaid	1.30	0.88-1.93	.19
Rural residence	1.01	0.84-1.42	.51
Hospital AAA volume			
Low	2.53	1.35-4.76	.004
Moderate	1.0	Referent	
High	0.66	0.52-0.83	<.001
Teaching hospital	1.00	0.80-1.27	.98

AAA, Abdominal aortic aneurysm; *CI*, confidence interval; *OR*, odds ratio. Predictors are adjusted for patient comorbidity.

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Transferring Patients

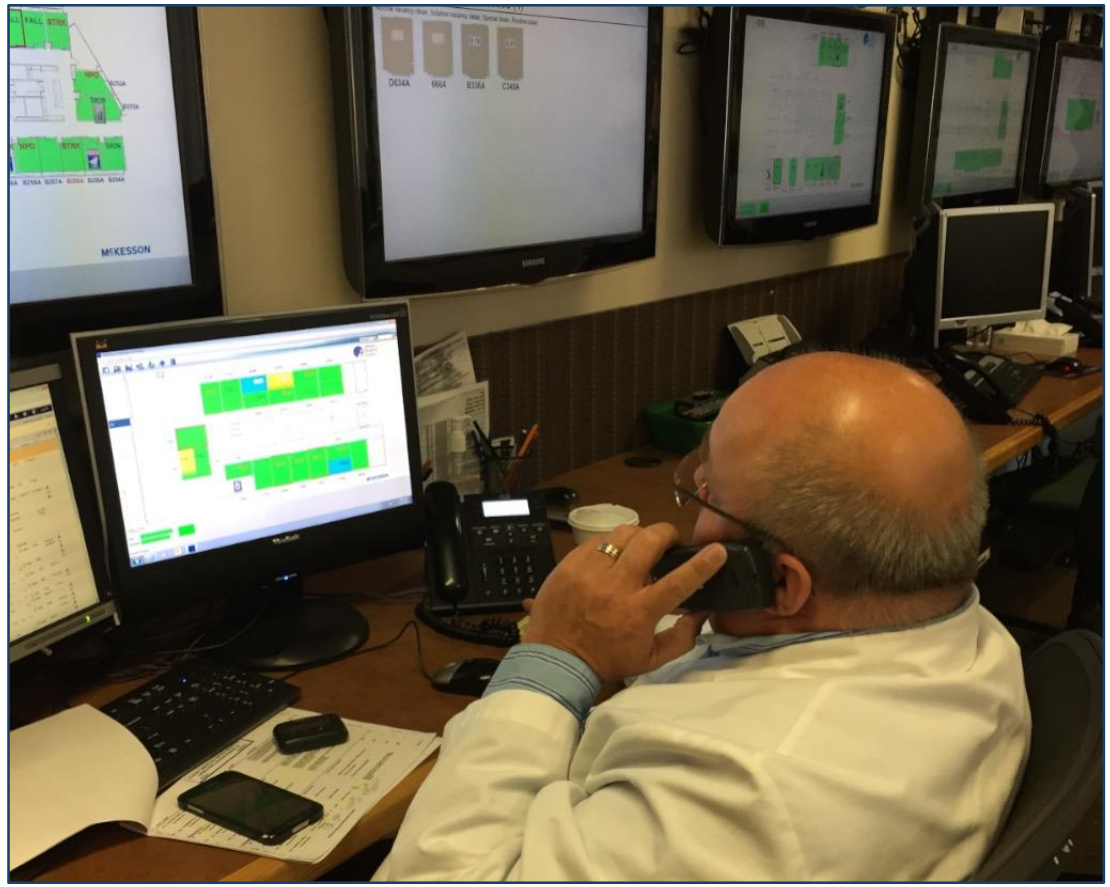
- Single point of contact
- Priority Bed Assignment
- Policy for accepting transfers with no beds immediately available
- Image transfer
- Transport guidelines for clinical care
- Mechanism for immediate treatment

Common Themes of Successful Aortic Programs

- **Clinical Resources**
  - High Volume
  - On-site EVAR inventory
  - Hybrid capability
  - Available personnel
  - Open and EVAR capability
  - Standard protocols

Common Themes of Successful ruptured AAA Programs

- **Hospital Resources**
  - Transfer Center with single phone number for requests
  - Immediately available blood products
  - Hospital policy to accept all requests
  - Bed capacity
  - Electronic image transfer



Partnerships

Anesthesia

- Operative protocols
  - Open TAAA repair
  - Local anesthesia for rEVAR
  - Adjunct monitoring
  - Spinal cord placement/management
  - Blood replacement

ICU Care

- Type of ICU
  - Dedicated, Med-Surg
  - Open vs. closed
- ICU Faculty
- ICU Nursing
- Protocols
- Pathways

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