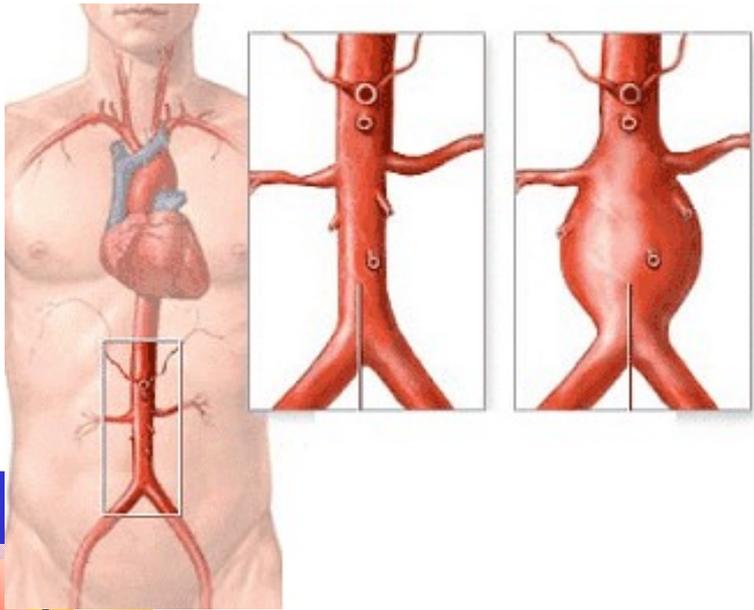
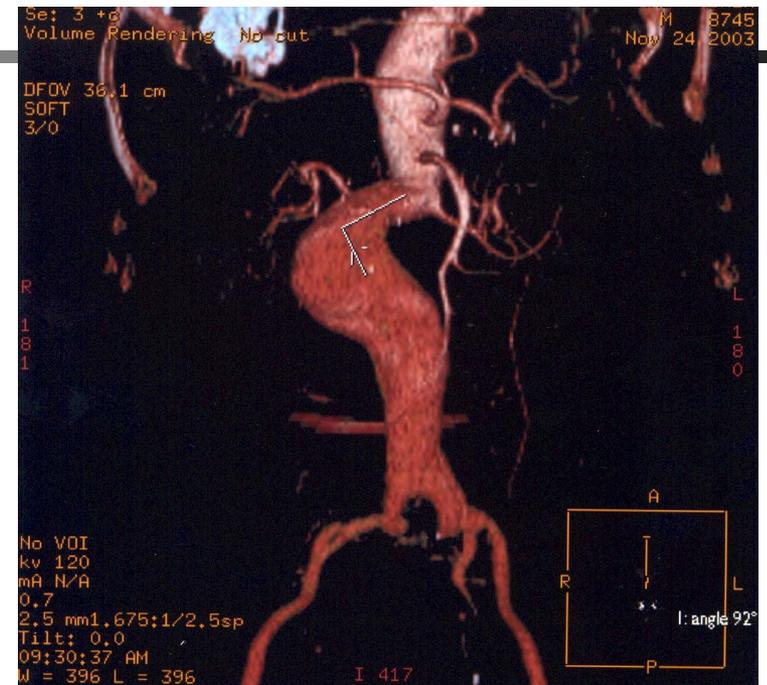
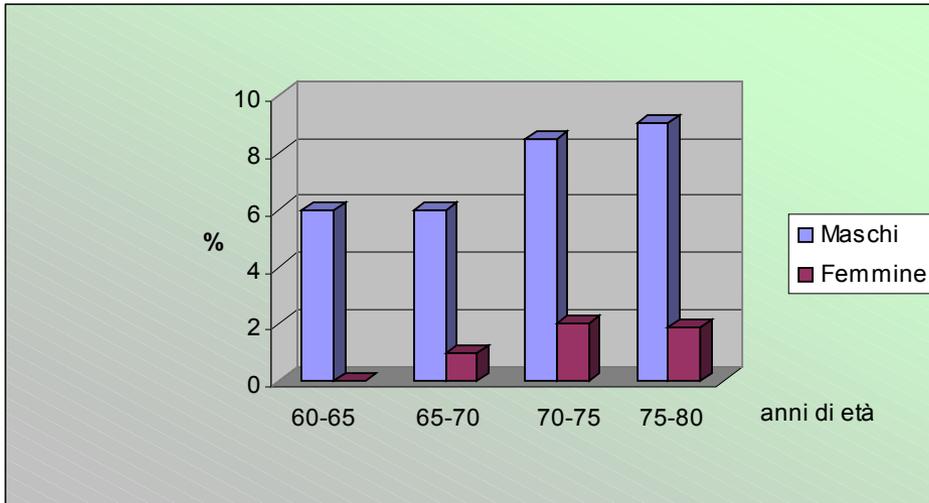
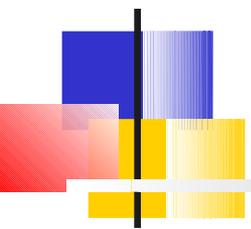


Le endoprotesi per il trattamento degli aneurismi dell'aorta addominale



AAA



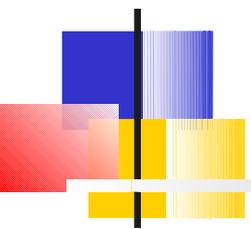


AAA

**Chirurgia in
elezione:
Mortalità
media: 2.8%**

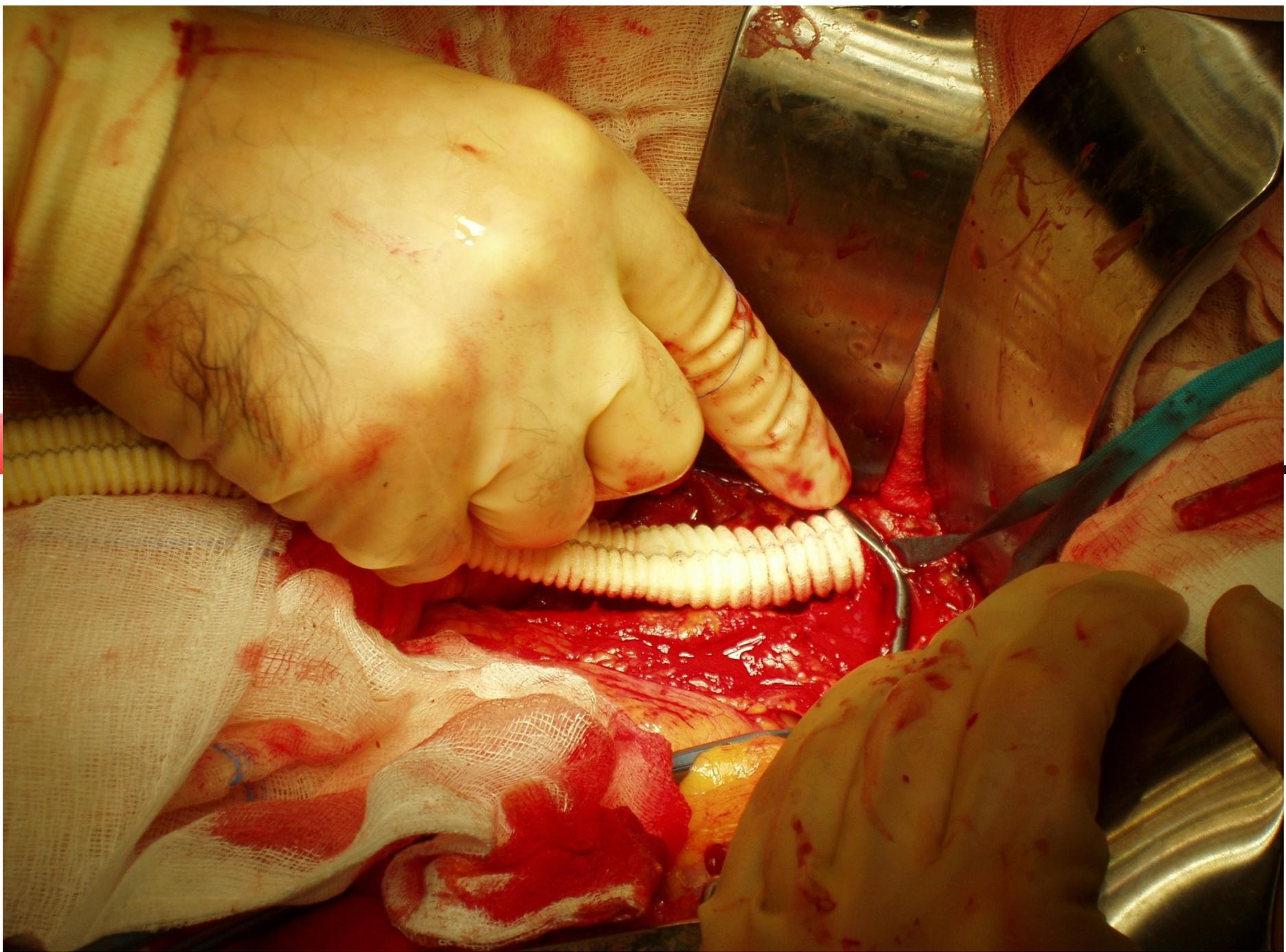
ROTTURA

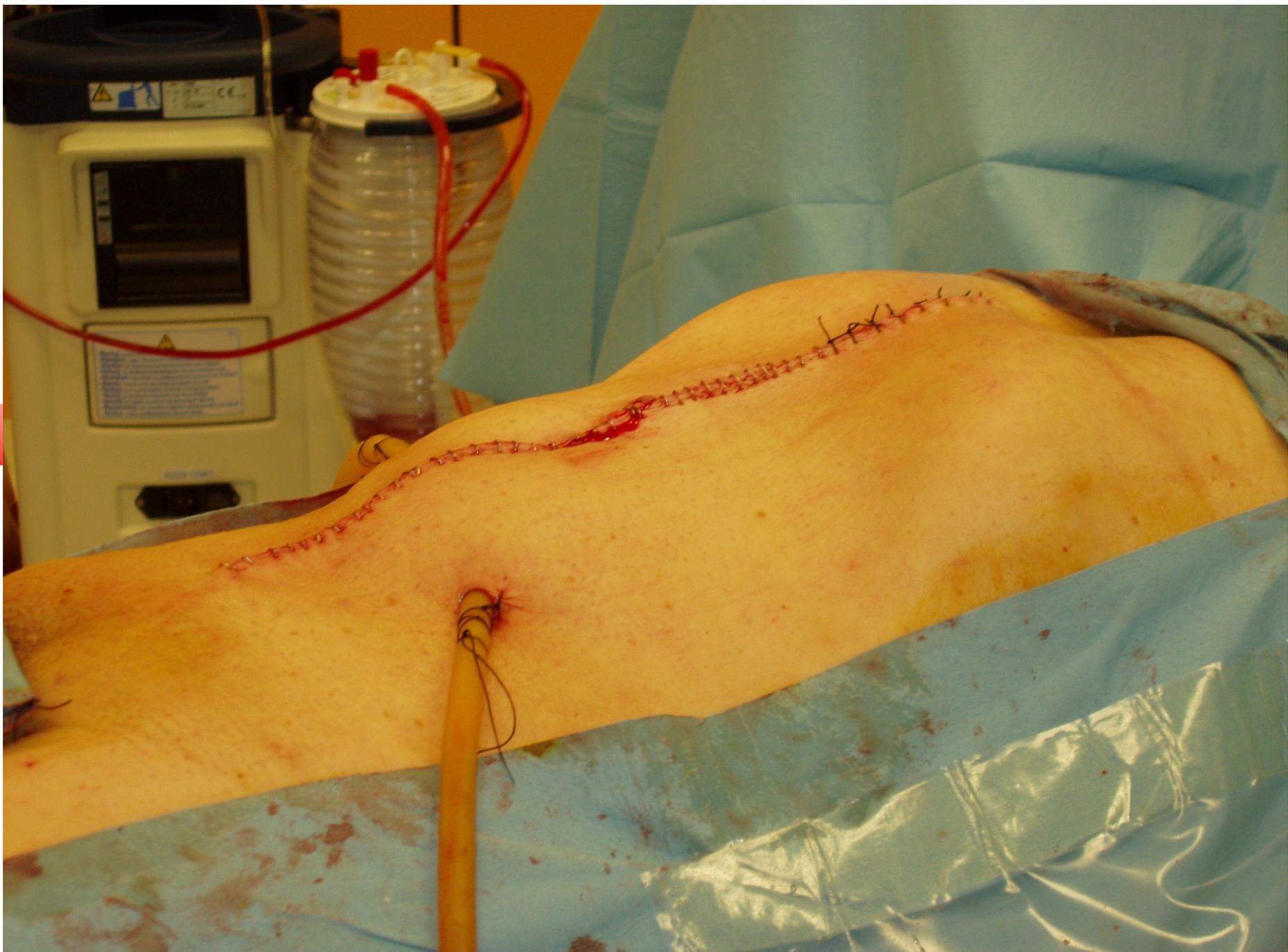
Mortalità: 78-90%
(Mortalità chirurgica in urgenza:
50%)



Chirurgia convenzionale (open)







**Mortalità operatoria in relazione
alle condizioni generali in
chirurgia “open” (%)**

Pazienti senza
fattori di rischio

1.3

1 fattore

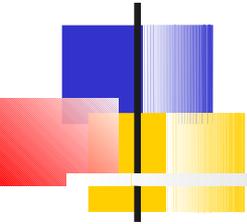
4.8

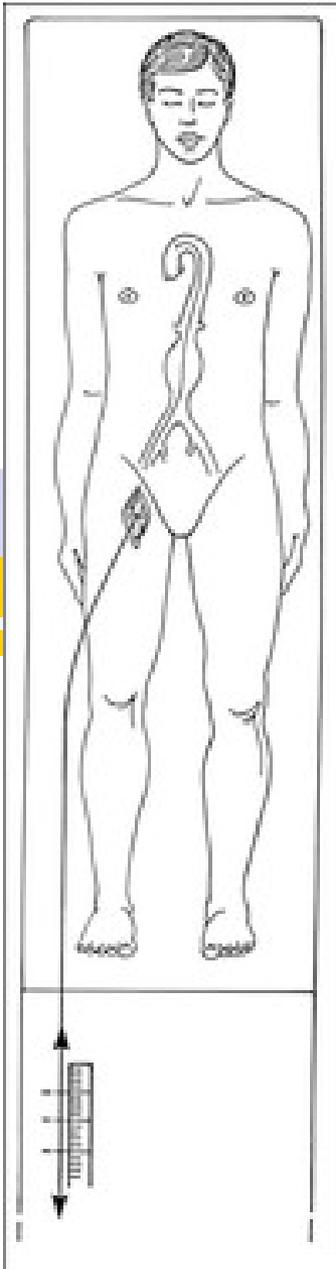
2 fattori

11.5

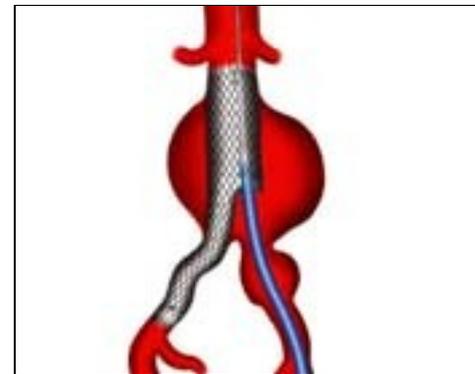
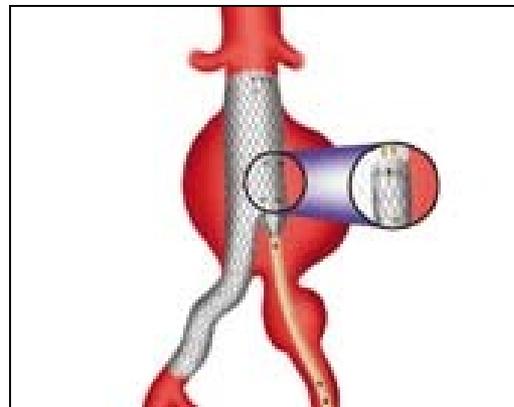
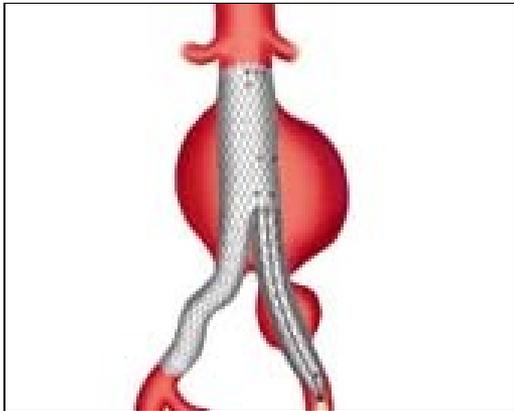
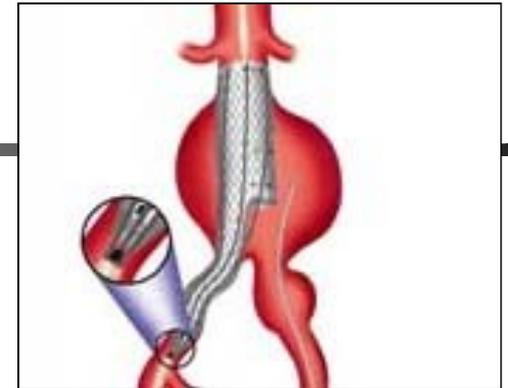
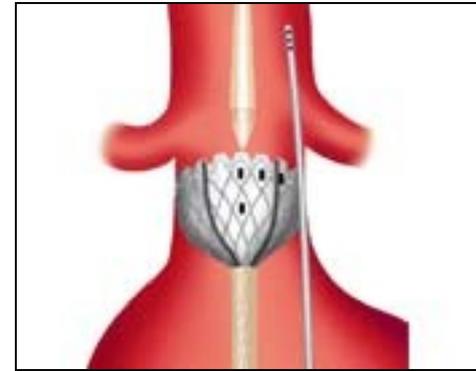
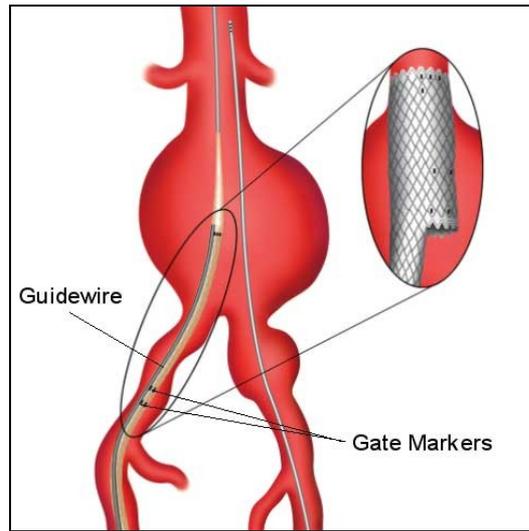
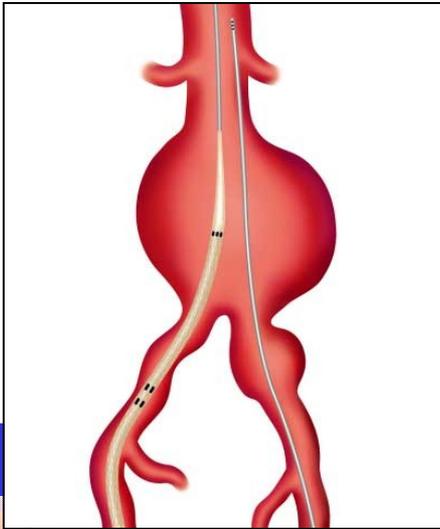
3 fattori

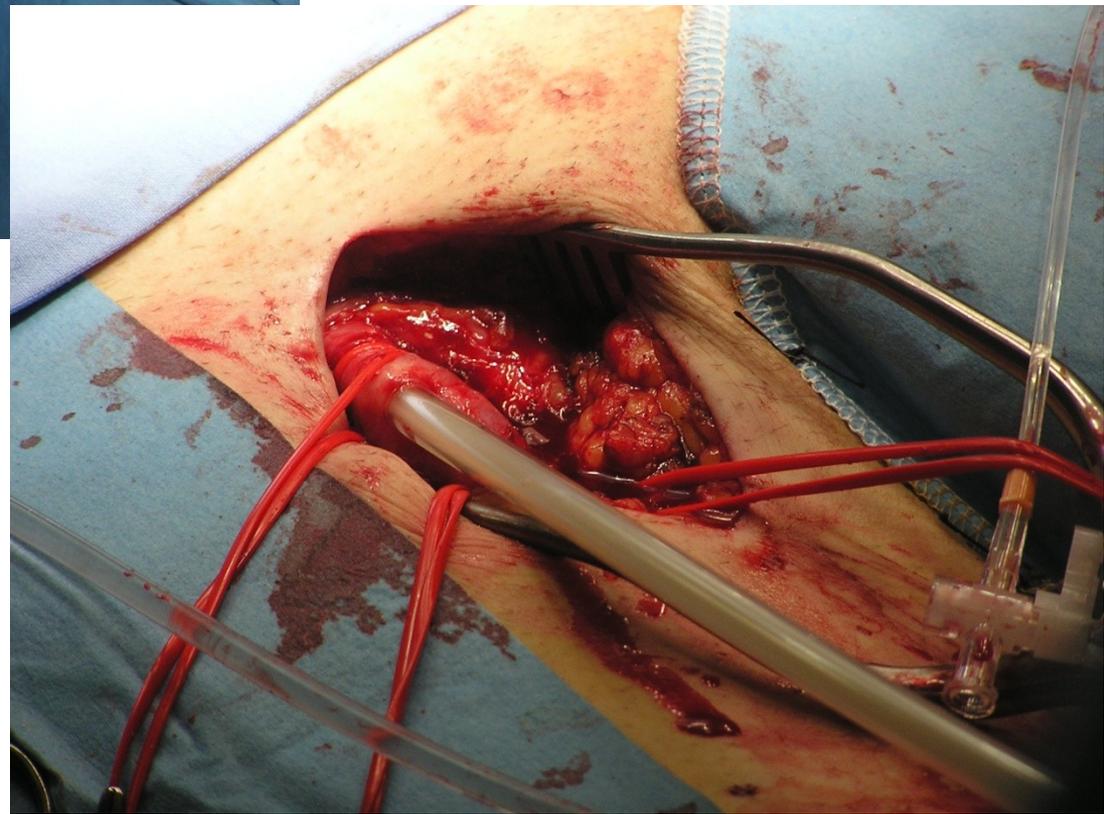
13.6



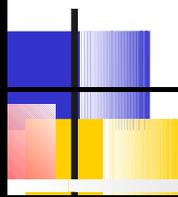


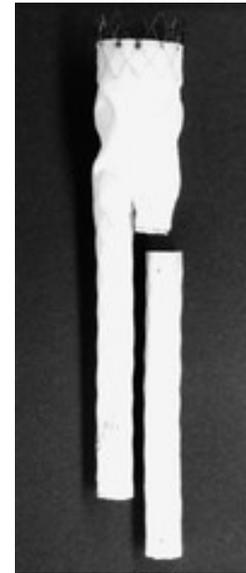
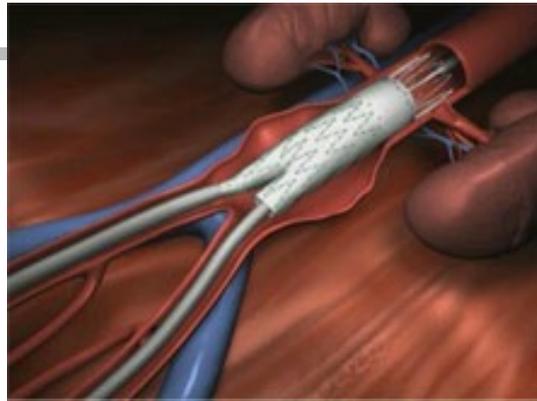
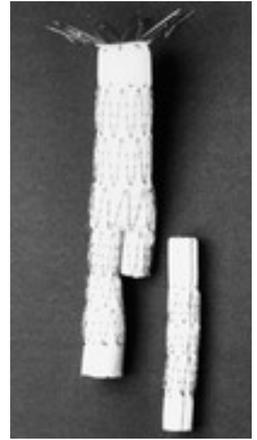
Chirurgia endovascolare





Impatto clinico

Chirurgia "open"		Chirurgia endovascolare
 <p>2-15 %</p>	Mortalità	0.8-2%
<p>Maggiori 10-20% Minori 10-20%</p>	Morbilità	Maggiori 5-12%(renali) Minori 10-15%
1-3 gg	Terapia intensiva	0
Rilevante	Dolore postoperatorio	Minimo
7-10 gg	Ospedalizzazione	3-5
1-2 mesi	Recupero post-op	20 gg



CRITERI LOCALI

Lunghezza colletto prossimale = > 10 mm
(> 20 in caso di calcificazioni o trombosi estesa)

Diametro colletto prossimale < 30 mm

Angolo del colletto prossimale < 60°

Art. iliache comuni con colletto distale > 20
mm

Arterie iliache esterne con calibro di almeno 6
mm

Arteria mesenterica inferiore non dominante

