PROPOSITIONS

Belonging to the thesis

"Endovascular aortic repair: clarifying risk factors, complications and follow-up strategies"

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1. Anatomical limitations for EVAR are dependent of device selection, and proximal neck thrombus and angulation have minimal influence on outcome if planning and execution are optimized. (own thesis)
2. Endovascular repair improves outcome for patients with ruptured aneurysms, and seems especially beneficial for older and unstable cases. After surviving an aneurysm rupture, life expectancy is equivalent to elective patients and causes of death are predominantly associated with cardiovascular events and cancer in similar proportions. (own thesis)
3. Endovascular repair using contemporary devices confers lasting benefit with very few aneurysm related deaths, although complications may occur over time and secondary interventions remain necessary for continued success. (own thesis)
4. Clarification of the incidence and significance of complications after endovascular repair results in better understanding of when to re-intervene, and consequently in improvement of outcome. (own thesis)
5. Adequate proximal and distal sealing length, absence of endoleaks and favourable early sac dynamics are strong predictors of success and may be used to triage patients for restricted or intensive surveillance within the first 5-years after endovascular repair. (own thesis)
6. The role of endovascular repair in aortic dissection, particularly in acute uncomplicated or chronic cases, is controversial. In this scenario, patient selection and sizing/planning remain sub-optimal.
7. The interaction between different anatomical risk factors for endovascular aortic repair remains obscure, and requires further study to improve patient selection.
8. A global tendency towards endovascular aortic repair has created an educational gap for vascular surgeons, with fewer and more complex open procedures being required.
9. Molecular interference with biomechanisms affecting aneurysm genesis and expansion may affect the natural history of aortic aneurysms significantly.
10. Screening for abdominal aortic aneurysms in patients at high risk remains an effective way to reduce aneurysm-related mortality in developed countries.
11. You can't always get what you want… but if you try sometimes, you just might find you get what you need. (Jagger/Richards)