

Endovascular AAA repair improves survival for three years

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(HealthDay)—Endovascular (EVAR) repair of abdominal aortic aneurysm is associated with a survival advantage for three years, according to a study published online Sept. 2 in *JAMA Surgery*.

David C. Chang, Ph.D., M.P.H., M.B.A., from Massachusetts General Hospital in Boston, and colleagues examined the long-term outcomes of EVAR versus open repair on a population level in an observational study. Data from the longitudinally linked California Office of Statewide Health Planning and Development inpatient database from 2001 to 2009 were analyzed. Data were included for 23,670 patients, 52 percent of whom received EVAR repair.

The researchers observed improved 30-day outcomes (all-cause mortality, readmission, surgical site infection, pneumonia, and sepsis)

with EVAR repair; in addition, survival was significantly improved until three years postoperatively. For patients who underwent an EVAR repair, mortality was higher after three years. On adjusted analysis, there was no significant difference noted in long-term mortality for the entire cohort (hazard ratio, 0.99; 95 percent confidence interval, 0.94 to 1.04; $P = 0.64$). EVAR repair correlated with a significantly increased rate of reinterventions and [abdominal aortic aneurysm](#) late ruptures.

"The [survival advantage](#) for EVAR repair in a statewide population is maintained for three years," the authors write. "After three years, EVAR repair was associated with higher mortality; however, these [mortality](#) differences did not reach statistical significance over the entire study period."

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