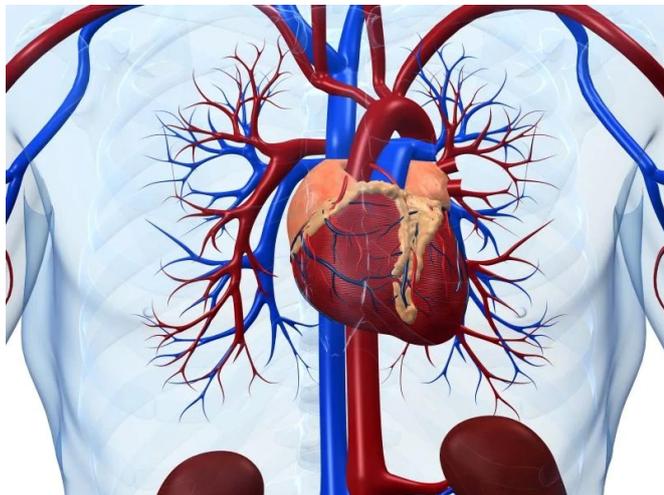


Statins improve long-term survival after AAA repair

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weighting. Compared to those not taking statins, patients taking statins preoperatively experienced higher adjusted one-year and five-year survival. The subset of patients not taking statins preoperatively who initiated a statin before discharge experienced higher survival at one year and five years.

"All patients with AAAs without contraindications should receive [statin therapy](#)," the authors write. "In [patients](#) not taking a [statin](#) at the time of AAA [repair](#), clinicians should consider initiating one before discharge."

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More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Preoperative statin therapy is associated with higher long-term survival following abdominal aortic aneurysm (AAA) repair, according to a study published in the August issue of the *Journal of Vascular Surgery*.

Thomas F.X. O'Donnell, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues used data from the Vascular Quality Initiative (2003 to 2017) to evaluate the association between preoperative statin therapy and long-term mortality, 30-day mortality, and in-hospital myocardial infarction and stroke.

The researchers identified 37,950 eligible AAA repairs (29,257 endovascular and 8,693 open). More than two-thirds of patients (69 percent) were taking a statin preoperatively. Patients undergoing endovascular aneurysm repair more frequently took a statin than those undergoing open repair (69 versus 66 percent). Preoperative statin therapy was not associated with 30-day death, in-hospital stroke, or myocardial infarction after propensity

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