

SATURDAY, SEPTEMBER 13, 2008

7:30 A.M. – 8:00 A.M.
CONTINENTAL BREAKFAST IN EXHIBIT HALL -
Hall of Ideas

7:00 A.M. – 8:00 A.M.
PAST PRESIDENTS' /
NEW MEMBERS' BREAKFAST - *Vilas Room (Hilton Hotel)*

7:00 A.M. – 8:00 A.M.
“WOMEN SURGEONS IN VASCULAR
SURGERY BREAKFAST” - *La Follette Room (Hilton Hotel)*

8:00 A.M. - 9:15 A.M.
SESSION IV - *Lecture Hall (Monona Terrace)*

PRESIDING: Jon S. Matsumura, MD

Audra A. Duncan, MD

19. Prospective Evaluation Of 219 Consecutive Carotid Endarterectomies Performed In High-risk Patients

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OBJECTIVE: We compared results of CEA in low- and high-risk patients eligible for Carotid Artery Stenting (CAS) trial.

METHOD: We conducted a prospective trial comparing results between low-risk and high-risk patients eligible for stenting and angioplasty with a protection device at high risk for endarterectomy (SAPPHIRE) who had either asymptomatic stenosis of 80% transverse diameter or symptomatic stenosis of at least 50% transverse diameter. The primary end points were perioperative stroke/death or myocardial infarction (MI) within 30 post-operative days and occurrence of stroke/death between 31 days and 48 months (Kaplan-Meier analysis). Minor stroke was defined as functional deficit <90 days and major stroke as functional deficit >90 days.

RESULTS: Of 514 CEAs, 295 were categorized as low risk and 219 as high risk based on; significant cardiac disease, n=59; severe pulmonary disease, n=16; contralateral carotid occlusion, n=20; repeat carotid operation, n=29; age older than 80, n=93; neck radiation, n=2. Twenty-seven of 219 in the high-risk group had two or more risk factors for CEA. Focal transient ischemic attacks/stroke symptoms were present in 17% in the high-risk group and 24% in the low-risk group (p=0.1).

INCIDENCE OF ADVERSE EVENTS WITHIN 30 DAYS

	Cranial Nerve Palsy	Minor Stroke	Major Stroke	MI	Death	Combined Stroke/MI/Death	
Low Risk Group (295)	3	1	1†	0	2	3 (1%)	
							p =.035*
High Risk Group (219)	2	3	3†	2‡	3	9 (4%)	
	† Stroke resulted in death.						
	‡ MI and death in same patient.						

In 27 of 219 patients undergoing CEA with two or more risk factors (high-risk group), two patients sustained MI (one fatal and one non-fatal); one died from aspiration pneumonia; and one had minor stroke (combined stroke/death/MI 15%, p=.001*). Five cervical hematomas developed with need for re-operation in two patients. During late follow-up, two low-risk patients developed ipsilateral stroke. No high-risk patient had late stroke. Low-risk patients had better survival (52.1 ± 1.3 months) than high-risk (48.7 ± 1.9 months, p=.003*).

CONCLUSION: Carotid endarterectomy in high-risk patients is associated with slightly worse but acceptable early outcome than low-risk patients. High-risk patients with two or more risk factors have a significantly greater risk of post-operative stroke/death/MI (15%).

*Significant