



“Open repair is a very invasive surgery that many elderly patients, like Mr. Routier, do not tolerate well,” Li said. “Fortunately, we were able to offer Mr. Routier a more advanced and minimally invasive option known as, Fenestrated Endovascular Aortic Repair (FEVAR), which allowed him to get his aneurysm fixed while preserving his kidneys.”

In the operating theater, Li began the FEVAR technique by accessing Routier’s aneurysm through small needle-sized incisions made in the groin area. Li then thread a guide wire through the femoral artery to the aneurysm site so the entire fenestrated stent graft system could be inserted to repair the aneurysm. The two small incisions do not even require any sutures to close them.

“Patients who undergo open aneurysm repair also must spend several days in the hospital without eating or drinking by mouth,” Li said. “Mr. Routier was allowed to drink and eat on just the next day after FEVAR surgery and was discharged from the hospital shortly after.”

Several studies have shown FEVAR to be safer than open repair to treat complex aneurysms like Routier’s because FEVAR reduces the risk of death and minimizes other complications and the need for blood transfusions.

While he has offered FEVAR to patients who have complex aortic aneurysms, Li said he also treats majority of his abdominal aortic aneurysm patient using the EVAR procedure.

“If the aneurysm involves the renal and other adjacent branches of aorta, we will need to have a specially designed graft, such as a fenestrated graft, to treat those aneurysms.” Li explained.

Li said a fenestrated graft contains specially placed holes, or fenestrations that have been custom-made so that holes in the graft correspond to the unique position of branches from individual patient’s aorta so blood can continue to flow through the graft into the arterial bran (e.i)gLi(r)1 (nT1 1 Tu 4 (b)

