

#14 DOES ASA CLASSIFICATION IMPACT SUCCESS RATES OF ENDOVASCULAR ANEURYSM REPAIRS?

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Purpose: To evaluate the technical success, clinical success, post-operative complication rates and mortality rates in endovascular aneurysm repair (EAR) based on the American Society of Anesthesiologists (ASA) Classification.

Method: 173 patients underwent attempted EAR at a single institution. A prospectively maintained database was queried for statistics pertaining to technical and clinical success, need for secondary intervention, post-operative complications and mortality.

Results: Distribution among ASA classification 2-5 was 9 (5.2%), 126 (72.7%), 36 (20.9%) and 2 (1.2%), respectively. 168 (97.1%) patients had EAR with a mean time from the procedure of 24.3 ± 16.1 months. No significant difference existed in acute conversion rates based on ASA class. Distribution of results are in the following table (p=NS). Success rates are based on SVS/AAVS standards.

<u>ASA Class (n)</u>	<u>Technical Success</u>	<u>Clinical Success*</u>	<u>Secondary Procedures</u>	<u>Medical Complications</u>	<u>30d Mortality</u>
2 (9)	66.7%	87.5%	1 (11.1%)	2 (22.2%)	0%
3 (126)	80.0%	91.0%	17 (13.8%)	13 (10.6%)	0.8%
4 (36)	66.7%	82.1%	5 (15.2%)	4 (12.1%)	2.8%
5 (2)	100%	0%*	0 (0%)	0 (0%)	0%
Average	76.7%	89.1%	23 (13.8%)	19 (11.4%)	1.2%

*Require a minimum 6-month follow up

Conclusion: EAR experiences comparable technical and clinical success rates among different ASA classifications. There is no significant difference in post-operative complications or 30-day mortality rates when very high-risk patients are carefully selected.