EDITORS’ INTRODUCTION

Trans-Atlantic Debate: Is a Randomised Trial Necessary to Determine Whether Endovascular Repair is the Preferred Management Strategy in Patients with Ruptured Abdominal Aortic Aneurysms?

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Mortality rates following repair of ruptured abdominal aortic aneurysms have remained depressingly high over the last number of decades despite advances in anesthesia and perioperative care. Prior to the introduction of endovascular repair, refinements in surgical technique had been few and far between. It was not until fairly recently that we finally observed a reduction in mortality coinciding with the wider adoption of endovascular repair. So, the case is closed, right? Endovascular repair should be widely adopted in all suitable patients? Well … not exactly. The following debate centers around what level of evidence is required to answer this question.

Frank Veith argues that we’re already there. He was an early adopter and innovator of endovascular techniques and feels that we have enough information to widely adopt endovascular repair of ruptured aneurysms. Janet Powell and Robert Hinchliffe, innovators in their own right, feel that the generalizability and applicability of endovascular repair require further evaluation with a randomised trial. Both offer clear and reasoned arguments.

Part One: For the Motion
A randomised controlled trial is the best way to determine whether endovascular repair is the preferred management strategy in patients with a ruptured aortic aneurysm

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Should the potential benefits and risks of endovascular repair of ruptured abdominal aortic aneurysm (rAAA) on a population-based or national scale be evaluated by evidence or by expert opinion? By evidence, of course, with the best evidence coming from randomised controlled trials (RCTs).

The evaluation and assessment of the role of endovascular repair for ruptured aneurysm depends on numerous factors including the patient’s physiological condition and anatomy, the decision to intervene, the skills of the operators and their teams, learning curves, the availability of endovascular aneurysm repair (EVAR) in different centres and the perception of equipoise. A few well-equipped and well-organised pioneering centres report excellent results with endovascular repair. Similarly a few pioneering centres report excellent results for elective laparoscopic repair of aneurysms. However, in neither case is there yet

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