



CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

**JANUARY 25-27 2018**



**MARRIOTT RIVE GAUCHE & CONFERENCE CENTER, PARIS, FRANCE**

**SURVIVING AN AAA RUPTURE : IS THERE  
ANY CHANGES IN QUALITY OF LIFE ?**

***JULIEN SFEIR MD***

ASSISTANT PROFESSOR OF SURGERY – LEBANESE UNIVERSITY

DIVISION OF VASCULAR SURGERY – LEBANESE HOSPITAL UMC – GEITAOUI – BEIRUT



**Disclosure**

..... Julien SFEIR MD.....

I do not have any potential conflict of interest



# **SURVIVING AN AAA RUPTURE : IS THERE ANY CHANGES IN QUALITY OF LIFE ?**

- The big question is why ???
- No Surgical issues
- No Endovascular tips and tricks ....



- 63 Y old male operated for a RAAA ....
- On Routine examination after 3 months he didn't report any problems , but ....
- His daughter was seriously worried about her father because of many behavioral issues :
  - He is feeling like he's going to die soon
  - He didn't resume his work because it is far from the hospital .....
  - HE'S NOT THE SAME GUY .....
- And so , it all begins .....



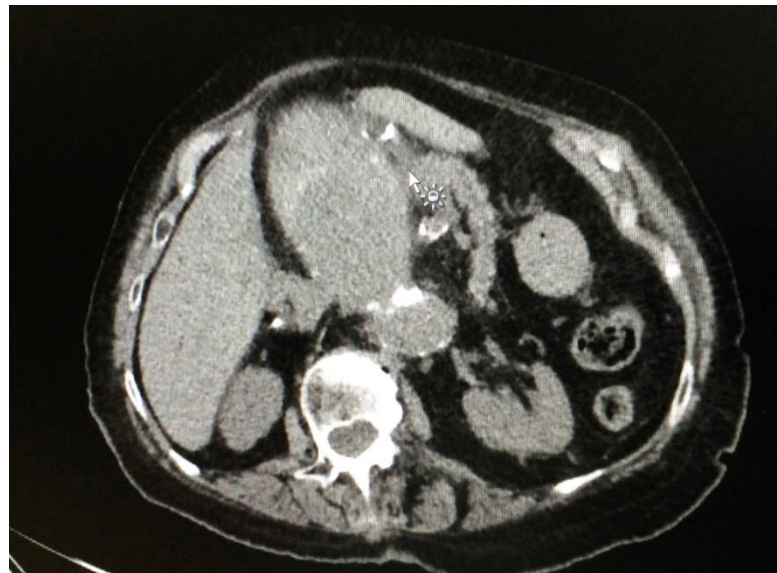
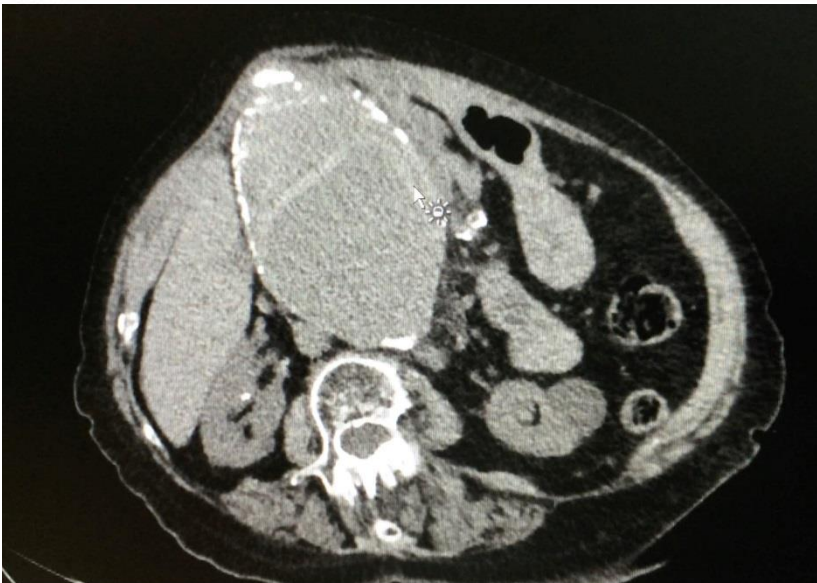
- Between 2012 and 2017 , and among 31 patients operated for a RAAA , 25 survived .
- Age between 53 and 82 , Mean age : 67 y , M/F : 24/7
- HTN : 100% of cases .
- 13 patients were diabetic ( Almost 40% ) .
- All had severe pain , and 19 were hypotensive ( 61 % ) .
- No history of anxiety disorders or clinical signs of depression ( retrospectively ) .



- The mean operating time was around 150 min .
- The hospital stay varied between 7 and 23 days .
- The ICU stay varied between 3 and 8 days .
- All patients survived the operation .
- 5 patients died in hospital ( 2 from myocardial infarction , 1 from a complicated late diagnosed colonic ischemia and 2 from severe pneumonia after 10 days ) .
- 1 patient died after 13 months .

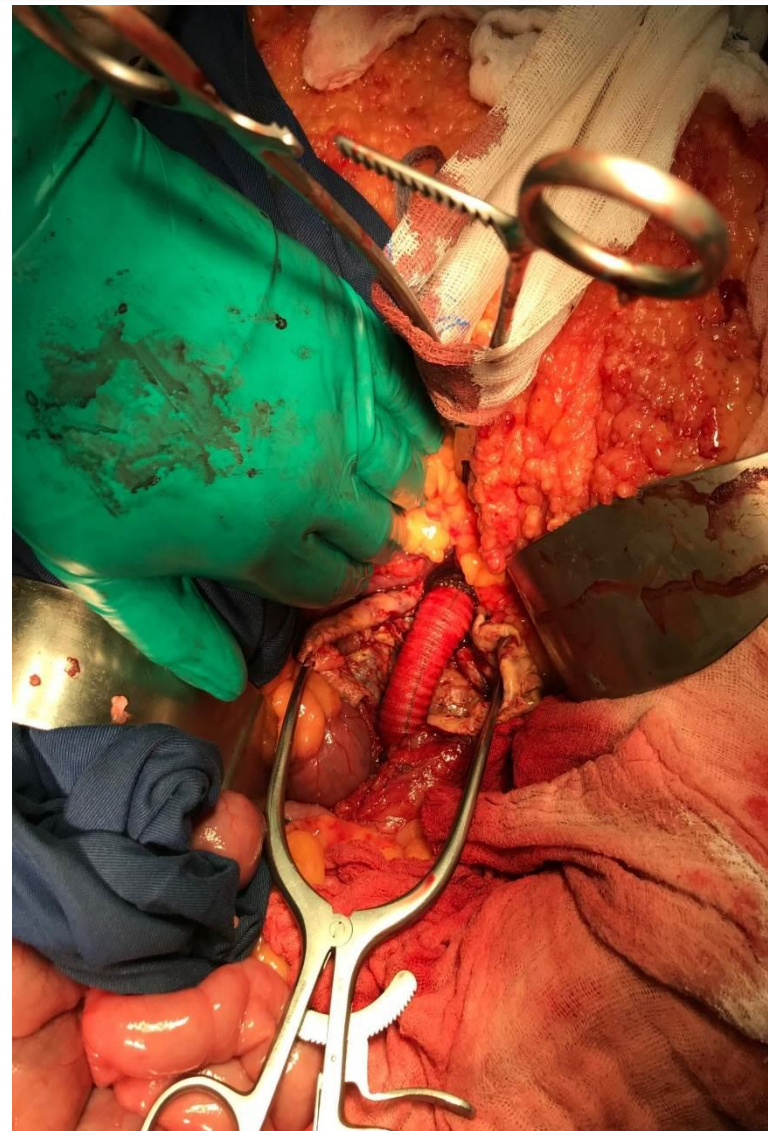
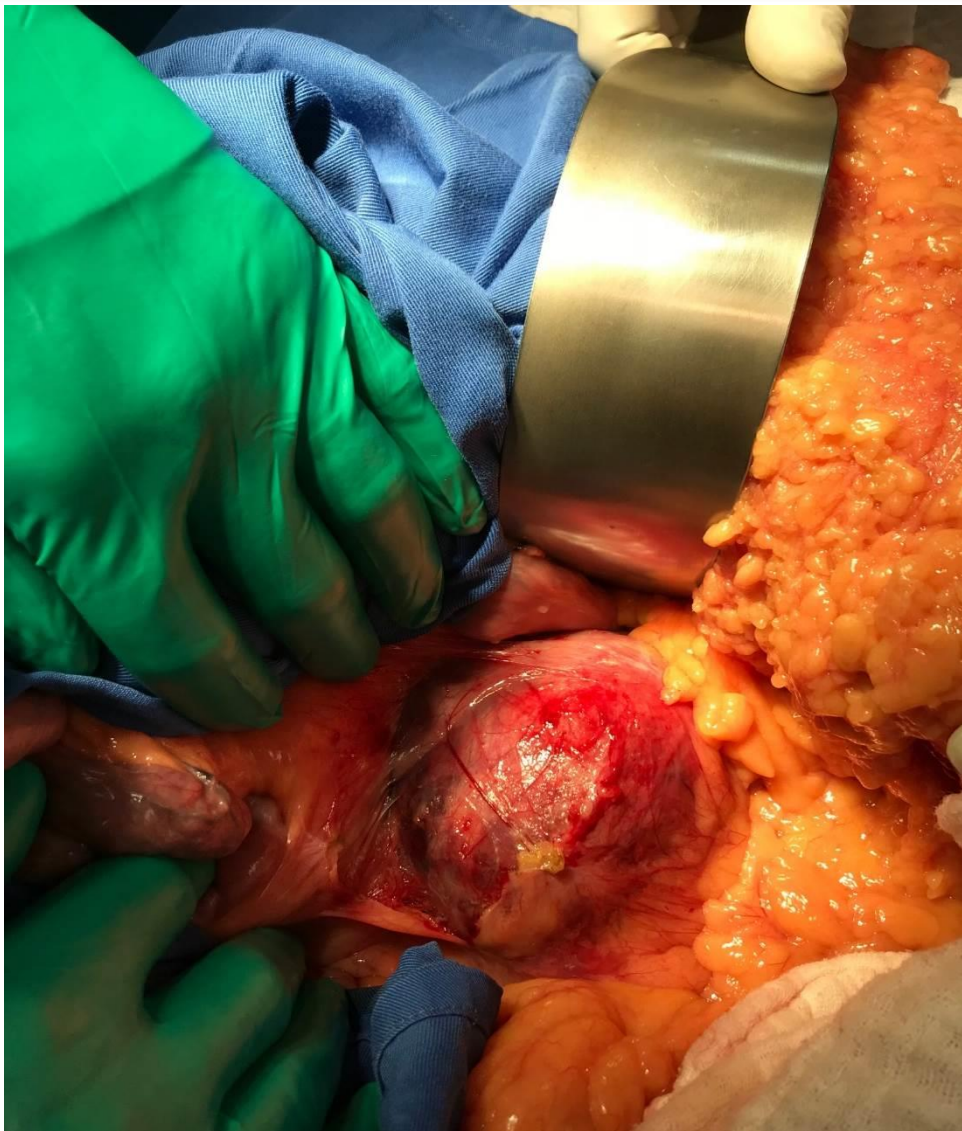
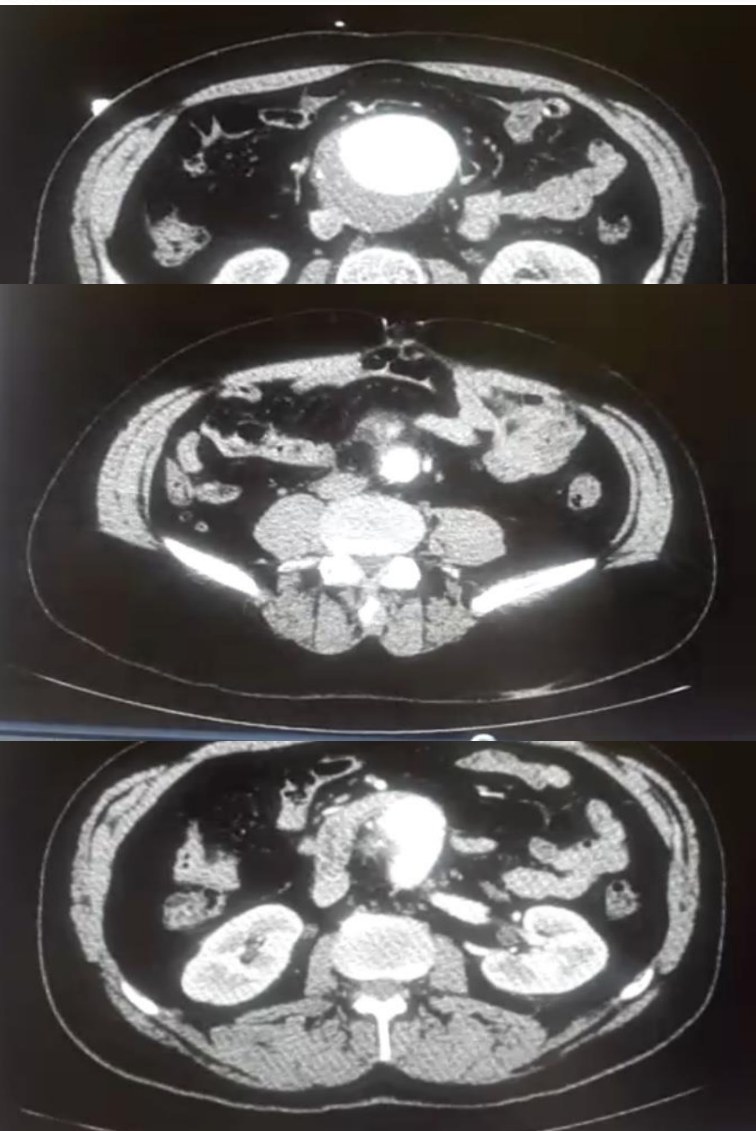
CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE  
CONTROVERSIES & UPDATES  
IN VASCULAR SURGERY

**JANUARY 25-27 2018**  
MARRIOTT RIVE GAUCHE & CONFERENCE CENTER  
PARIS, FRANCE [WWW.CACVS.ORG](http://WWW.CACVS.ORG)



CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE  
CONTROVERSIES & UPDATES  
IN VASCULAR SURGERY

JANUARY 25-27 2018  
MARRIOTT RIVE GAUCHE & CONFERENCE CENTER  
PARIS, FRANCE [WWW.CACVS.ORG](http://WWW.CACVS.ORG)







- So patients were called to a follow up and to fill a questionnaire about their QOL ( WHO-QOL ) \* after the operation without any intervention from family members .
- In the same time one close family member was called to fill the same questionnaire , and both results were compared .
- If taking only the results filled by the patients , only 3/25 reported a change in their QOL and in developing anxiety disorders .



- **But when looking to the answers filled by a close family member the results were like it follows :**
- ***15/25 a change in their quality of life was reported for at least 8 months***
  - 4 : not resume their work until 7 to 8 months after surgery : afraid to drive
  - 2 : OCD : one was doing a CT-SCAN every month for 11 months post operatively and the other one was going to the ER for every abdominal pain !!!!!!!
  - 7 : moderate depression , never when out until 3 to 4 months after surgery and still they have severe anxiety disorders .
  - 2 : severe depression and lost their work .



- And by going into further details we tried to find a correlation between the medical condition and post operative symptoms
- 15/15 were male patients
- 9/15 were diabetic .
- 11/15 were hypotensive at presentation .
- 8/15 had an ICU stay more than 72 hours .
- 13/15 were less than 70 years old .
- 10/15 had hemoglobin less than 10 g .

*Is there any proof???*



**DIABETES** CO UK

SEARCH Q

Blood glucose Testing Driving Celebrities

Diabetes and Emotions > Diabetes and Depression

**Diabetes and Depression** [Tweet](#)



Depression is common amongst people with diabetes

According to NICE, people who are diagnosed with a chronic physical health problem such as diabetes are 3 times more likely to be diagnosed with depression than people without it.

Depression can have a serious impact on a person's well being and their ability and motivation to self-manage their condition.

Depression is the **most common** psychiatric disorder witnessed in the diabetes community.

## Journal of Medicine and Life

Carol Davila - University Press

# The association between Diabetes mellitus and Depression

SV Bădescu, C Tătaru, [...], and L Zăgrean

Depression is the **most common** psychiatric disorder witnessed in the diabetes community.



## Increased psychiatric morbidity after abdominal aortic surgery: Risk factors for stress-related disorders

Israel Liberzon, MD,<sup>a,b</sup> James L. Abelson, MD, PhD,<sup>a</sup> Richard L. Amdur, PhD,<sup>b</sup> Anthony P. King, PhD,<sup>a,b</sup> Jeffrey D. Cardneau, MD,<sup>c</sup> Peter Henke, MD,<sup>c</sup> and Linda M. Graham, MD,<sup>d</sup>  
*Ann Arbor, Mich; and Cleveland, Ohio*

**Objective:** Research on surgical outcomes has focused on technical results and physical morbidity. However, postoperative psychiatric complications are common and can undermine functional results. High rates of posttraumatic stress disorder and major depressive disorder have been documented after cardiac events or surgery. These complications are also expected after abdominal aortic surgery, but their incidence and relevant risk factors in this population have not been documented.

**Methods:** We examined the development of posttraumatic stress and depressive symptoms in patients with aortic aneurysms or occlusive disease, comparing surgical with nonsurgical patients and predicting that surgery and a prolonged intensive care stay would contribute to the development of psychiatric morbidity. A consecutive sample of vascular surgery patients (n = 109) was recruited 6 months to 2 years after surgery. Data were analyzed by using group comparisons, regression, and path analyses.

**Results:** Rates of objectively determined postoperative psychiatric morbidity were extremely high (32%). Surgical patients were more than four times more likely to develop psychiatric disorders (odds ratio, 4.8; P = .02). Being younger, having increased preoperative blood pressure, and being intubated at the end of surgery were linked to greater rates of psychiatric morbidity (P < .05), but a longer intensive care stay was not.

**Conclusions:** New-onset psychiatric symptoms are common after abdominal aortic surgery, and preoperative and surgical factors were more predictive than postoperative complications and stress, as reflected in intensive care unit stays. Prospective examination of vulnerability in this model could identify risk factors for stress-related psychiatric morbidity and help improve surgical outcomes. (J Vasc Surg 2006;43:929-34.)

## Neuropsychiatric Symptoms in Patients with Aortic Aneurysms

Bernhard T. Baune<sup>1\*</sup>, Steven J. Unwin<sup>2</sup>, Frances Quirk<sup>2</sup>, Jonathan Golledge<sup>3</sup>

<sup>1</sup> Discipline of Psychiatry, University of Adelaide, Adelaide, South Australia, Australia, <sup>2</sup> Discipline of Psychiatry, James Cook University, Townsville, Queensland, Australia, <sup>3</sup> Vascular Biology Unit, James Cook University, Townsville, Queensland, Australia

### Abstract

**Background:** Emerging evidence suggests that vascular disease confers vulnerability to a late-onset of depressive illness and the impairment of specific cognitive functions, most notably in the domains of memory storage and retrieval. Lower limb athero-thrombosis and abdominal aortic aneurysm (AAA) have both been previously associated with neuropsychiatric symptoms possibly due to associated intracerebral vascular disease or systemic inflammation, hence suggesting that these illnesses may be regarded as models to investigate the vascular genesis of neuropsychiatric symptoms. The aim of this study was to compare neuropsychiatric symptoms such as depression, anxiety and a variety of cognitive domains in patients who had symptoms of peripheral athero-thrombosis (intermittent claudication) and those who had an asymptomatic abdominal aortic aneurysm AAA.

**Methodology/Principal Findings:** In a cross-sectional study, 26 participants with either intermittent claudication or AAA were assessed using a detailed neuropsychiatric assessment battery for various cognitive domains and depression and anxiety symptoms (Hamilton Depression and Anxiety Scales). Student t test and linear regression analyses were applied to compare neuropsychiatric symptoms between patient groups. AAA participants showed greater levels of cognitive impairment in the domains of immediate and delayed memory as compared to patients who had intermittent claudication. Cognitive dysfunction was best predicted by increasing aortic diameter. CRP was positively related to AAA diameter, but not to cognitive function. AAA and aortic diameter in particular were associated with cognitive dysfunction in this study.

**Conclusions/Significance:** AAA patients are at a higher risk for cognitive impairment than intermittent claudication patients. Validation of this finding is required in a larger study, but if confirmed could suggest that systemic factors peculiar to AAA may impact on cognitive function.



## Quality of Life and Long-term Results After Ruptured Abdominal Aortic Aneurysm

I. Hinterseher,<sup>1</sup> H. D. Saeger,<sup>1</sup> R. Koch,<sup>2</sup> A. Bloomenthal,<sup>3</sup> D. Ockert<sup>1</sup> and H. Bergert<sup>1,3\*</sup>

Departments of <sup>1</sup>Visceral, Thoracic, and Vascular Surgery, <sup>2</sup>Medical Statistics and Biometry, Technical University of Dresden, Dresden, Germany; and <sup>3</sup>Surgery, University of Massachusetts, Worcester, MA, USA

**Objectives.** *Quality of life as an endpoint of surgery and the long-term prognosis for patients who have survived surgery for a ruptured abdominal aortic aneurysm (RAAA) is not well-documented.*

**Patients and methods.** *The records of all patients from 1993 to 2000 who underwent resection of RAAA were reviewed. Survival data were calculated from direct contact with the patients or follow-up records. All patients who were alive at the time of our study were invited to participate in follow-up investigations. They received the internationally comparable WHO-QOL-BREF-test.*

**Results.** *In a period of 7 years, 80 patients underwent surgery for RAAA. The average follow-up time was 5.1 years (1–7.9 years). Our data show that 51% of our patients died within 6 months postoperatively because of the complications of the aortic rupture (in-hospital mortality 39%). Patients who survived the first 6 months after surgery died for the same reasons as the normal population. However, patients who were younger than 75 at the time of RAAA had a higher relative survival rate than a matched sample of the population. There was no significant difference in the quality of life between the study group and the general population.*

**Conclusions.** *RAAA survivors had no difference in long-term survival as compared to the general population and also had very few long-term complications. The WHOQOL-BREF-test suggests that the quality of life of survivors of RAAA is similar to the general population.*

**Key Words:** *Ruptured abdominal aortic aneurysm; Quality of life; WHO-QOL-BREF-test; Long-term mortality; Outcome.*



## Mental health, anxiety, and depression in patients with cerebral aneurysms.

King JT Jr, et al. J Neurosurg. 2005.

### Authors

King JT Jr<sup>1</sup>, Kassam AB, Yonas H, Horowitz MB, Roberts MS.

### Author information

<sup>1</sup> Section of Neurosurgery, VA Connecticut Healthcare System, West Haven, Connecticut 06516, USA.  
Joseph.KingJr@med.va.gov

### Citation

J Neurosurg. 2005 Oct;103(4):636-41.

### Abstract

OBJECT: Aneurysm disease and its treatment can have an adverse impact on mental health, yet the affects of cerebral aneurysms on general mental health, anxiety, and depression are poorly understood.

"Mental health, anxiety, and **depression** in patients with **cerebral aneurysms**. ... **Depression** was present in 8% of the study population and an anxiety disorder in 17%. Patients with both an unsecured **aneurysm** and a history of subarachnoid hemorrhage (SAH) tended toward higher anxiety scores ( $p = 0.086$ )."







## *IN CONCLUSION ...*

- There is still many controversies concerning AAA rupture and its social and psychological effects .
- One thing is sure that its is a very heavy traumatic surgery and it can have serious social and mental repercussions .
- A close follow up by specialists is necessary for at least 6 months period post op
- Of course we need a quiet large trial to confirm these results and to *emerge recommendations*



## And Finally ....

- Our goal is not only to treat people but to provide them also a good QOL \* ,
  - So ,
- “ When you treat a disease , you can win or you can loose ,  
But when you treat a patient you will always win .... ”*

*PA*