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Open and endovascular hybrid approaches to repairing thoracoabdominal aneurysms

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Eliminating aortic cross clamping significantly lowers afterload stress on the heart. Thus, the use of hybrid repair has become a viable option in patients that otherwise lack the physiologic reserve to safely undergo total open repair. With improved imaging and lower profile devices, the boundary of current anatomic restriction continues to be expanded. Despite the inherent advantages, combined endovascular and open repair often results in significant morbidity and mortality. In fact as many as 25% of those undergoing hybrid repair will die during the peri-operative period. Combine increased mortality with the chance of paraplegia and it becomes clear that patient selection is paramount to achieving superior outcomes.

Biography

Bryan T. Fisher, M.D., is a vascular and endovascular specialist at The Surgical Clinic in Nashville, TN. He is a native of Milwaukee, Wisconsin, and he received his medical degree from the University of Wisconsin, Madison in 2005. He was trained in general surgery at The Ohio State University. Then, he went on to complete a two-year vascular surgery fellowship at Vanderbillt University. His clinical and professional interests are principally in the area of diseases of the aorta and its branches. He has a special clinical interest in complex aneurysmal disease. He was recently one of the first in the world to repair an aberrant right subclavian aneurysm using a hybrid endovascular technique.