

P516**Uterine Artery Embolization in the Treatment of Postpartum Uterine Hemorrhage; Two Centers' Experience in 100 Patients**

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Objectives: Postpartum hemorrhage is a major cause of maternal mortality all over the world and in Arab world as well. Uterine artery embolization (UAE) could be very effective if local measures failed to stop bleeding. **Methods:** In the participated two centers, 100 women (mean age 29 years) with postpartum hemorrhage underwent transarterial embolization in Ain Shams University and Sheikh Khalifa Ben Zayed Hospitals after failure to achieve hemostasis after conservative treatments. Clinical success was defined as stabilization of vital data of the patient and obviation of hysterectomy. Gelatin sponge particles were used as embolic agent in all the patients. **Results:** Bleeder could be identified angiographically in 86 patients (pseudoaneurysm in 6 patients and extravasation from birth canal laceration in 80 patients). In 16 patients, no definite bleeder could be identified, so bilateral uterine artery embolization was done empirically. Clinical success rate was 90% (92 patients including all patients with angiographically identified bleeder). Re-embolization was done in eight patients. Hysterectomy was needed in four patients: two after rebleeding after the second UAE and two after first UAE. No major procedural-related complications were recorded. **Conclusion:** In this large number of cases, transcatheter embolization of the uterine artery is a feasible treatment option in management of postpartum bleeding with low rates of complications. Angiographic identification of the bleeding source was associated with higher clinical success rates decreasing the need for hysterectomies.

P517**Uterine Artery Embolization for Fibroid-Service Evaluation in a Tertiary Care Hospital**

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Objectives: UAE has been a treatment option since 1995 and confers advantage over surgical treatment options such as myomectomy. We retrospectively looked at our practice of fibroid embolization using guidance published by the Royal College of Radiologists (RCR) and the Royal College of Obstetricians and Gynaecologists. **Methods:** Ninety-three patients underwent UAE for fibroids over a consecutive 24-month period (September 2016 to September 2018). Technical and clinical data were gathered retrospectively for each patient and compared to standards outlined by RCR, UK. **Results:** Magnetic resonance imaging before the procedure was done in 92 patients and all relevant information was provided in 95% cases. Technical success rate

was 97%. Mean screening time and dose area product was 13 min and 70 Gy/cm² respectively. Documentation of technical parameters was incomplete in 11 out of the 93 patients (12%). The most common complication was postembolization syndrome requiring admission and vaginal discharge which were both 4%. An emergency total abdominal hysterectomy was required in three patients for endometritis (2) and acute hemorrhage (1). **Conclusion:** These data indicate that our center is performing well within radiation safety targets and that our minor complication and follow-up rates are within national targets. Documentation, admission rates greater than 24 h and major complication rate are not reaching targets. Moving forward, we aim to maintain technical success rates and continue to practice according to the as low as reasonably practicable principle. We also aim to inform and educate and work with colleagues to improve documentation, reduce admission rates, and reduce major complication rates.

P518**Cost Analysis of Traditional Deep Vein Thrombosis Treatment versus Inari ClotTriver**

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Objectives: The Inari ClotTriver is a new device approved for use in our institution as of October 2019. Our practice is at an academic center which is a level 1 trauma center with 576 beds. Traditionally, iliofemoral deep vein thrombosis (DVT) has been managed at our institution initially infusing peripheral thrombolytics overnight in the intensive care unit (ICU), followed by more aggressive intervention the following day. With the availability of the ClotTriver, we have eliminated thrombolytic drug therapy and an ICU stay. After using this new product for 1 month, we began a QI project with the objective of looking at the difference in total costs. **Methods:** We identified our first six ClotTriver cases and retrospectively searched for six traditionally treated DVT cases. We defined traditional cases as anyone with an iliofemoral DVT treated with an infusion catheter overnight in the ICU. These patients were then treated 24–48 h later with either balloon maceration, the Argon Cleaner device, a Penumbra catheter, or possible stenting. Intravascular ultrasound (IVUS) may or may not have been used. Since patients can stay in the hospital for days with multiple other issues, we included a 2-day stay for costs associated with the Interventional Radiology procedure. ClotTriver cases were defined as using the Inari device for iliofemoral DVTs. In addition, IVUS, balloon venoplasty, and stenting with the Venovo stent were performed if needed. These patients were on the regular medical/surgical floor. Since patients can stay in the hospital for days with multiple other issues, we included a 1-day stay for costs associated with the IR procedure. **Results:** Average ICU stay cost is approximately \$1400 per night. Average cost for a bed on the Medical Surgical floor is \$400 per night. 24 mg of TPA costs \$682. The total average cost for traditional DVT treatment is \$8189.60 (range 1508–20,801) as compared to the average procedure cost with the ClotTriver device at \$15,628.20 (range 10,709–19,329) ($P < .05$). Average 2-day hospital stay for traditional patients is \$12204 and 1-day stay for Inari patients \$18,470.10 ($P < 0.05$). Two of the higher costing ClotTriver cases were bilateral DVTs. Average length of stay in traditional cases is 8.5 days (range 2–22 days). Average length of stay in ClotTriver cases is 5.8 days (range 1–8 days). **Conclusion:** Both parameters including procedure-

related costs and ICU hospital stay in the traditional group was significantly less than compared to the ClotTriver group. However, the Inari patients' length of stay was overall less as compared to the traditional group which decreases the risk of a hospital-acquired infection. Moreover, our data show that referrer education is needed as most ClotTriver patients do not need to stay in hospital beyond 1–2 days from a DVT standpoint. As our ClotTriver patient volume increases over the next few months, we aim to present refined data with more volume.

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Outcomes of Endovascular Aneurysm Repair in Octogenarians and Nonagenarians: A Single-Center Study

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Objectives: Endovascular aneurysm repair (EVAR) has enabled the treatment of aneurysmal disease in those of significantly advanced age. Although there have been positive experiences documented in the literature, the feasibility of EVAR in octogenarians and nonagenarians as a demographic are still largely unknown. We report a single-center experience with EVAR in octogenarians and nonagenarians. **Methods:** Cases of EVAR in octogenarians and nonagenarians were identified retrospectively at our center over 5 years using a prospectively maintained database. **Results:** Seventeen patients undergoing EVAR at our institution were reviewed; this included 14 octogenarians and 3 nonagenarians. Of these, 94% were male, with a mean age of 86.6 (81–98) years and a mean aneurysm diameter of 7.6 cm. The average number of comorbidities in our cohort was 2.6. Perioperative morbidity was 35.3% and consisted of hospital-acquired pneumonia, ischemic bowel, and one return to theater for bleeding from the access site. 30-day mortality was 17.6% ($n = 3$), with 2 of these patients undergoing repair for a ruptured AAA. Mean survival in those surviving 30 days was 27.8 months (39 days–51 months). **Conclusion:** EVAR in octogenarians and nonagenarians is feasible with good technical outcomes and acceptable perioperative morbidity and mortality.

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Intervention of Acute Limb Ischemia

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Objectives: A 41-year-old smoker brought to the emergency room by ambulance complaining sudden-onset numbness of the right foot, followed by severe pain and weakness of the right lower limb while driving. **Methods:** Percutaneous transluminal angioplasty (PTA) and stenting to the right common iliac artery–right external iliac artery with 8 mm × 59 mm Omnalink elite stent. Post-PTA done with 9 mm × 60 mm admiral extreme balloon. **Results:** The patient had bounding pulse in the right femoral, popliteal, posterior tibial, and dorsalis pedis artery and complete resolution of pain, anesthesia, and motor dysfunction. **Conclusion:** Endovascular therapy remains the choice of therapy for limb salvage and the quickest method to revascularize acute limb ischemia.

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Successful Endovascular Repair of a Mycotic Thoracic Aortic Aneurysm via Subclavian Artery Approach: A Case Report

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Background: A mycotic aortic aneurysm is an aortic aneurysm due to infection. They most commonly develop through microbial inoculation of the diseased aortic endothelium during bacteremia. It is considered a serious and fatal complication of aortic aneurysms. They represent only 0.7%–2.6% of all aneurysms, of which 60% may present as ruptured. Here, we present a case of a 71-year-old man who developed a distal thoracic aortic penetrating ulcer and a mycotic aneurysm during treatment for prosthetic aortic valve infective endocarditis. The aneurysm was treated successfully via an endovascular left subclavian artery approach. **Results:** Thoracic endovascular aortic repair (TEVAR) is now considered as the standard alternative to open surgery for a variety of aortic pathologies due to the lower morbidity of this approach. Advances in endograft technology continue to broaden the applications of this technique. The standard access method for TEVAR is via the femoral/iliac arteries; these vessels require careful assessment before the insertion of the graft. In this case, the patient had a history of ischemic heart disease with recent coronary intervention, previous aortic valve repair, and diabetes. On assessment, the mycotic aneurysm measures approximately 5 cm. The iliac arteries were diseased and calcified bilaterally with a diameter of 5 mm, down to 3 mm in places. After careful multidisciplinary discussion, the decision was to proceed with endovascular repair via the left subclavian artery approach, although this is an off-label use for the available device. The device was inserted via the subclavian artery upside down with the uncovered sealing stent distal rather than proximal. Successful aneurysm exclusion was achieved on the angiogram and on a follow-up computed tomographic scan after 1 week. The patient was discharged home in stable condition. This novel approach, to our knowledge, has not been used in the UK before. **Conclusion:** The subclavian artery can be an alternative route for access in the treatment of thoracic aortic aneurysms for patients with diseased femoral/iliac arteries.

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Outcome of Endovascular Treatment in Acute Gastrointestinal Bleeding Referred to Rehman Medical Institute, Peshawar

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Objectives: The purpose of this study was to find the outcome of endovascular treatment in cases of acute gastrointestinal (GI) bleeding due to different etiologies. **Methods:** It is prospective evaluation of transarterial embolization done for acute GI hemorrhage at the Radiology Department of Rehman Medical Institute (RMI), Peshawar, from March 2016 to April 2019. A total of seven cases with GI bleed were included, four of which