

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 Omnilink 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