



VASCULAR SURGERY

On the Money

Bankers like Richard Garber of Holmdel are known for their attention to detail. But when an aortic aneurysm develops, even the most detail-oriented person has to surrender the controls, and it was an abdominal aortic aneurysm (AAA) that caused Mr. Garber to take this step — twice.

The aorta is the body's central conduit for freshly oxygenated blood. As the aorta descends through the chest (thorax) and abdomen, arteries branch off. The branching point of the two kidney arteries is a common location for an aneurysm—a widened, weakened blood vessel. Often asymptomatic, aneurysms typically show up during a physical exam or test. Mr. Garber's doctor discovered his AAA during a routine physical. When the bulge is small, physicians frequently recommend "watchful waiting," using medications to control contributing factors such as hypertension. But his doctor suggested he promptly undergo an endovascular procedure at a neighboring hospital to prevent the aneurysm from worsening.

Last year, when Mr. Garber developed pancreatitis, a sonogram revealed that blood was leaking around the edges of the stent, putting pressure on the aneurysm. Mr. Garber's doctor referred him to Robert Wood Johnson University Hospital (RWJ) and prominent vascular surgeon, Alan M. Graham, MD, The Norman and Ruth H. Rosenberg Professor of Vascular Surgery and Interim Chair of Surgery at UMDNJ-Robert Wood Johnson Medical School (RWJMS). "I liked Dr. Graham," said Mr. Garber. "He's very straightforward. He recommended that we take care of the problem, and I agreed."

Working through two small incisions in the patient's groin, Dr. Graham used endovascular techniques to access the aortic aneurysm via the femoral arteries. The procedure was somewhat complex, said Saum Rahimi, MD, Assistant Professor

of Surgery, RWJMS, who assisted Dr. Graham. The patient's short aortic neck (which is the normal aorta between the kidney arteries and the aneurysm) made the seal zone inadequate and calcification led to disruption of the seal. This contributed to blood leaking around the stent graft.

They could place a "cuff" over the stent and seal the leak, but that would also cover the opening to the kidney artery and cut off the blood supply. So after placing the cuff, Dr. Graham used a "snorkel" technique. Using a catheter from an artery in the patient's left arm a stent was placed in the kidney artery to preserve blood flow during placement of the cuff. Dr. Rahimi compares the concept to creating a periscope. "It raised the opening of the kidney artery so the cuff could be placed to seal the leak, still maintaining blood supply to the kidney."

Afterward, Mr. Garber spent one night at RWJ with excellent nursing care. "The beauty of it is that they don't open you up," he said. After a week of rest, he was back to enjoying his grandchildren, his house on Long Beach Island, and part-time consulting with his longtime employer, Valley National Bank.

Visit www.rwjuh.edu/vascular
or call 1-888-MD-RWJUH.

Shown: Richard Garber of Holmdel is easing into retirement at his bank where he worked for 45 years. He recently had an abdominal aortic aneurysm repaired through a small incision in his groin and is feeling great today.