What Are The Risk Factors For Paraplegia After TEVAR
And What Can Be Done To Offset Them

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Among the major postoperative complications following TEVAR, spinal cord ischemia (SCI) is the most devastating one. Most of recent studies suggest that TEVAR is still associated with 2-6% incidence of SCI. It can induce dread postoperative paraparesis and paraplegia, require resource-intensive rehabilitation and chronic care, and result in a major burden for patients and society. There are many adjuncts that has emerged as potentially approaches to reduce the risk of spinal cord injury, such as revascularization of subclavian arteries, maintenance of high mean blood pressure, spinal cord drainage and cooling. However, we still lack universal criteria for when and how to use this technique in TEVAR. The most common strategy is to employ these adjuncts selectively in patients with high risk factors: prior abdominal aortic repair, extensive aortic coverage, hypogastric artery interuption, subclavian artery coverage and emergent repair. Since we lack high level evidences and patients at above risks may have more likely undergone the adjuncts, many retrospective studies may underestimate the beneficial effects of these approaches. In these paper, these adjuncts are discussed, highlighting the evidence available for each method and the practical ways in which they may be used.