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Fast Track Approach in Endovascular Aneurysm Repair : Comparison of Levobupivacaine as Local , Spinal, and Epidural Anesthetic

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Background. Endovascular aneurysm repair (EVAR) has emerged as a minimally invasive option for abdominal aortic aneurysm (AAA). Vascular access for EVAR can be achieved through either percutaneous or open access via small incisions to femoral vessels, therefore the procedure may be accomplished with the aid of local anesthesia.

Objective. Evaluate safety and effectiveness during EVAR perioperative care by using Levobupivacaine as local, spinal, and epidural anesthetic. Time to ambulation recovery time and any major complication were compared between patient receiving three kinds of anesthesia procedures.

Results. EVAR were performed in 5 men suffering AAA. 2 men used local intravenous anesthesia, 2 men used spinal anesthesia, and 1 man used epidural anesthesia. All patients underwent uneventful EVAR for 55 cm abdominal aortic aneurysms respectively using stent grafts Subsequent followup had been done to evaluate recovery time and any complication during perioperative state. The only significant differences calculated were in length of anesthesia ($p < 0.05$) and time to ambulation ($p < 0.05$). Patients who got local anesthesia show quicker median recovery time. There is no death case among these two groups.

Conclusions. EVAR requires preoperative preparation for anesthetic procedure. For some cases, local anesthesia can be chosen with better outcome in recovery time. There is no evidence about patient being awake during EVAR using local anesthesia. No necessity in conversion local to general anesthesia during intraoperative care unless there is airway obstruction.

Keywords: *Abdominal Aortic Aneurysm, EVAR, Levobupivacaine, Spinal, Epidural, Local Anesthesia*

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