

## Progress on Aortic Surgery in Nepal

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Aortic surgery falls under specialized vascular surgery and it is a highly challenging field. In early 2000 A.D. there used to be sporadic surgical intervention. Prosthetic grafts were not easily available in market and one had to wait ordering proper sized artificial grafts from abroad. Emergency aortic surgery was almost impossible.

There was an upsurge in aortic surgery in 2005-06, when the grafts became freely available and there was a sizeable increase in the number of experts in the field. Dedicated surgeons started performing aortic surgeries with amazing success. Infra-renal aortic repair became a normal practice. Thoracic aortic intervention was still rare. This gap was filled by hardworking and devoted surgeons who made thoracic aortic surgery regular from 2010 onwards.

Widely available CT scan in the country made it possible to identify cases on time and the accessibility to the needed gadgets helped. Establishment of dedicated hospitals also played a vital role. The surgical service became regular both for thoracic and abdominal aorta.

There were more challenges to come. As the time progressed, some experienced and dedicated vascular surgeons began accepting the challenges on endovascular aortic intervention. This kind of service

definitely would reduce morbidity and mortality. Milestones have been added one after another. TEVAR (Thoracic Endovascular Aortic Repair), for tubercular pseudoaneurysm on the lower part of descending thoracic aorta, was made possible through the successful operation on 14<sup>th</sup> May, 2013. EVAR (Endovascular Aneurysm Repair) was reported on 17<sup>th</sup> May, 2014 for infra-renal aortic aneurysm. Finally successful TEVAR on 5<sup>th</sup> Jan 2018 in acute aortic dissection further raised the spirit of endovascular surgeons. The thoracic aortic stent was deployed in a 58 year old man with type B acute dissection with leak. The procedure was done under local anesthesia with sedation. Patient was discharged on 5<sup>th</sup> post operative day. As the morbidity and mortality is very high in open surgery in acute type B dissection with complications, we opted for endovascular procedure.

On 18<sup>th</sup> February, 2017 there was formation of Vascular Society of Nepal (VSN). The forum is working hard and is playing a vital role in developing aortic surgery from every possible dimension. Now all aortic surgeries, vascular and endovascular, are possible in the country. We expect additional progress in this field as we move forward.