
The 14 authors, led by Elliot Chaikof, MD, have revised several older recommendations and addressed new topics. The document makes 111 recommendations.

For the first time, SVS guidelines recommend that procedures should be limited to centers that meet a specific case volume threshold and outcome target. The guidelines recommend that both elective EVAR and open AAA be limited to hospitals that perform at least 10 such cases per year with mortality rates of 2 percent and 5 percent or less, respectively.

“This volume requirement prompted much discussion among academic and community surgeons alike,” said Thomas Forbes, MD, chair of the SVS Document Oversight Committee. “The original suggestion was for higher volume numbers, but eventually epidemiologically sound and clinically relevant case volumes were set to recognize the excellent work that SVS members are doing in a variety of practice settings. We recognize that these case volume requirements are open to discussion and will likely be revisited in future updates to these guidelines.”

In addition, endovascular repair is recommended over open repair for treating ruptured aneurysms if anatomically feasible, among the updates and recommendations.

The document is open source through Feb. 28 at vsweb.org/AAAGuidelines.

To read the open-source articles for January from the JVS publications, visit vsweb.org/JVS-TBAD and vsweb.org/JVSVL-EVTA.

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