



Dr Ramon Varcoe

Endovascular Surgeon
MBBS, MS (Vasc), FRACS(Vasc)

Dr Varcoe is a surgeon with a passion for minimally invasive vascular procedures. In particular thoracic aortic aneurysms and dissections. He trained as an endovascular surgeon and completed an aortic fellowship at St Marys and St Georges Hospitals in London during which time he visited leading centres all over Europe to hone the skills needed for treating these complex diseases.

He has appointments at Prince of Wales Public and Private Hospitals as well as the Eastern Heart Clinic and Kareena Private.

He is a Senior Lecturer at the University of New South Wales, member of the International Society on Thrombosis and Haemostasis and widely published in several international journals of note.

ALL APPOINTMENTS

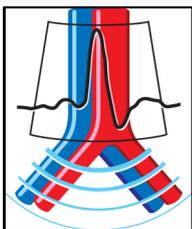
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CLINICAL UPDATE IN AORTIC VASCULAR SURGERY

ALL AORTIC ANEURYSMS CAN NOW BE TREATED PERCUTANEOUSLY

The treatment of aortic aneurysm disease has come a very long way in the last 5 to 10 years. The driving force is the evolution of technology which has resulted in endoluminal stent-grafts that are more flexible, lower profile, resistant to kinking and migration. This has resulted in a safer treatment that can be applied to all patients, now without exception.

Technological advancements have gotten a lot smarter as well. In the past the barrier to complete aortic treatment has been the visceral, head and neck branches which have to remain perfused. New generation stent-grafts have side holes (fenestrations) or side branches that allow covered stents to be placed into branch arteries and maintain blood flow. These can be placed into the renal and mesenteric arteries in the abdomen, or subclavian and carotid arteries in the thorax. Even the internal iliac or accessory renal arteries can be maintained with these techniques.

Occasionally minor adjunctive surgical procedures may be required to bypass a vital artery before covering it with a stent graft. These are called hybrid operations, as they combine a surgical procedure with a percutaneous one (Figure 3).

Even ruptured aneurysms and acute dissections can be treated with these techniques. At Prince of Wales Hospital we have developed and published a number of novel techniques for the treatment of ruptured aneurysms using endoluminal stent-grafts made possible by our world-leading interventional operating theatre.

For further information, or to discuss any aortic cases that may have been declined surgery please contact Dr Varcoe by email or phone.

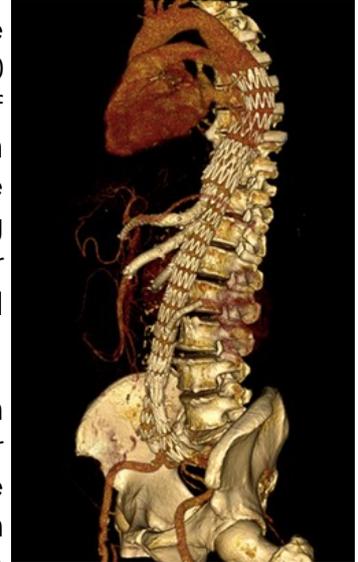


Figure 1. Complete replacement of the descending aorta with branches for the visceral arteries.

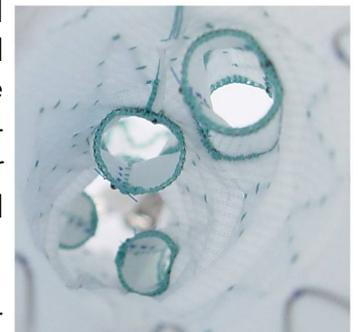


Figure 2. Looking inside a branched aortic stent graft.

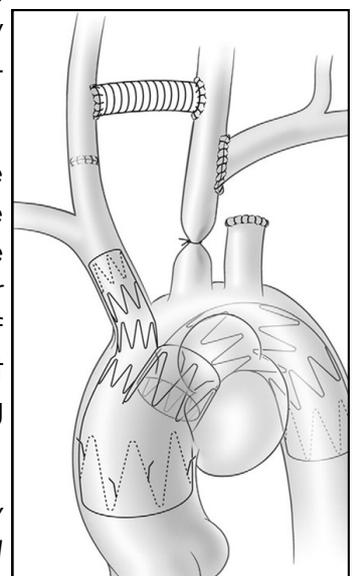


Figure 3. Managing the aortic arch without sternotomy requires a hybrid of bypass to the head and neck vessels with branched stent-grafting.