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ELANA

The excimer laser-assisted nonocclusive anastomosis (ELANA) technique enables large-caliber bypass revascularization without temporary occlusion of the parent artery.

Case series

Between July 2002 and December 2007, 64 consecutive patients (37 in Germany and 27 in Finland) were selected for high-flow bypass surgery with ELANA. Modified Rankin Scale, a bypass success rate, and the success rate of the laser arteriotomy were assessed.

In 66 surgeries for 64 intent-to-treat patients, 58 ELANA procedures were completed successfully. A favorable outcome (postoperative modified Rankin Scale score less than or equal to preoperative modified Rankin Scale) at 3 months was achieved in 43 of 56 patients (77%) with anterior circulation lesions (37 of the 43 patients had aneurysms, 4 had ischemia, and 2 received a bypass before tumor removal) and only in 2 of 8 patients (25%) with posterior circulation aneurysms. Perioperative (< 7 days) mortality for anterior and posterior circulation aneurysms was 6% and 50%, respectively. At the 3-month follow-up, 12% and 63% of patients with anterior and posterior circulation aneurysms, respectively, were dead. The success rate of the laser arteriotomy was 70%. Another 14% were retrieved manually after a nearly complete laser arteriotomy.

The ELANA procedure requires a meticulous and careful operative technique. Morbidity and especially mortality rates, usually unrelated to ELANA, are comparable to those of contemporary series of conventional high-flow revascularization operations. This underscores the overall complexity of treating neurovascular pathologies by high-flow bypasses ¹⁾.

Vajkoczy P, Korja M, Czabanka M, Schneider UC, Reinert M, Lehecka M, Schmiedek P, Hernesniemi J, Kivipelto L. Experience in using the excimer laser-assisted nonocclusive anastomosis nonocclusive bypass technique for high-flow revascularization: Mannheim-Helsinki series of 64 patients. Neurosurgery. 2012 Jan;70(1):49-54; discussion 54-5. doi: 10.1227/NEU.0b013e31822cb979. PubMed PMID: 21760557.

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