LIVE 2019 Leading Innovative Vascular Education
May 9-11 2019
Larissa Imperial Hotel
Larissa, GREECE
http://www.live2019.gr
Organized by:
Institute of Vascular Diseases (IVD), Greece
In collaboration with:
Hellenic Society of Vascular and Endovascular Surgery
Stony Brook University Medical Center, New York, USA
International Symposium on Endovascular Therapeutics
Intervention Master Aortic Course
10th ANNIVERSARY

Combination of the chimney technique and an iliac-branched device for the repair of a failed EVAR

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Medical History

- ✓ 82 year-old
- ✓ Male

Medical history significant for

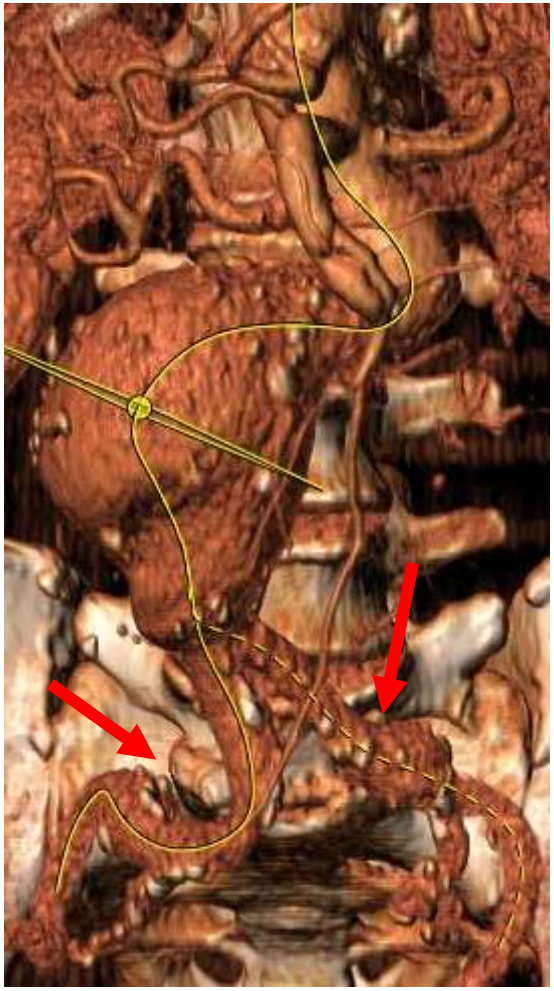
- Previous EVAR (Treovance, Bolton 5 years ago)
- Current smoker
- Hypertension
- Dyslipidaemia
- CAD (EF 35%)
- COPD

Standard EVAR 5 years ago

- ✓ AAA, Dmax 85mm
- ✓ *Iliac aneurysms bilaterally 21-23mm*

At that moment

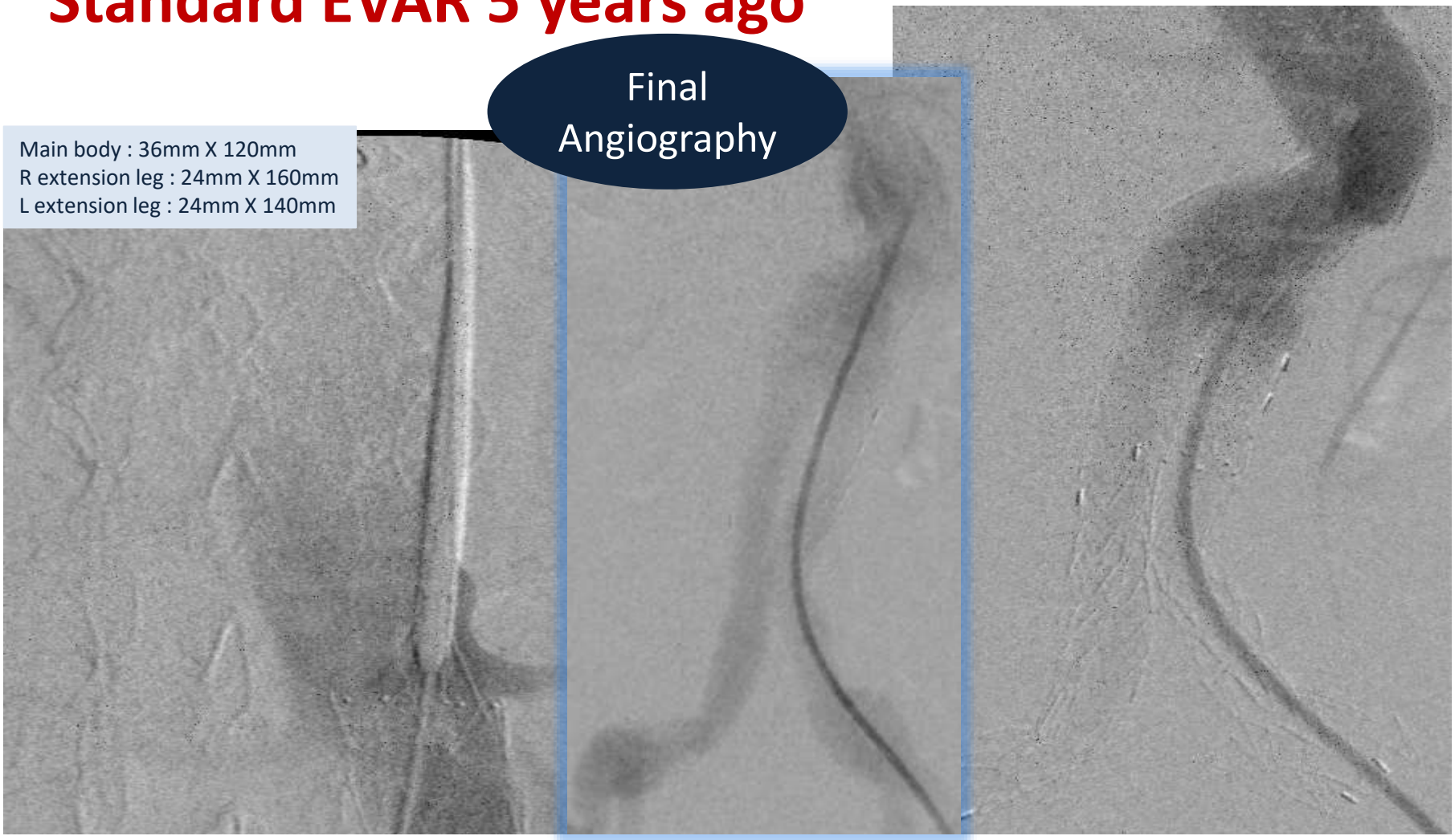
- 77 years old
- Mild cardiac insufficiency
- COPD



Standard EVAR 5 years ago

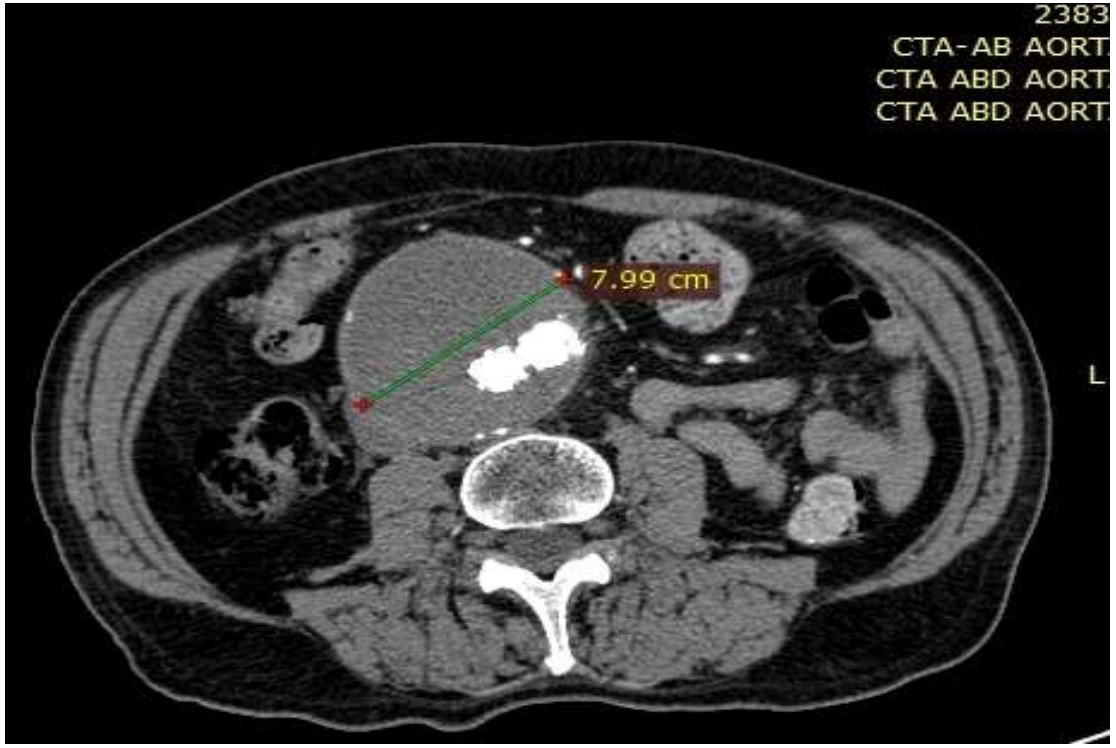
Main body : 36mm X 120mm
R extension leg : 24mm X 160mm
L extension leg : 24mm X 140mm

Final Angiography



1st month FUP after sEVAR

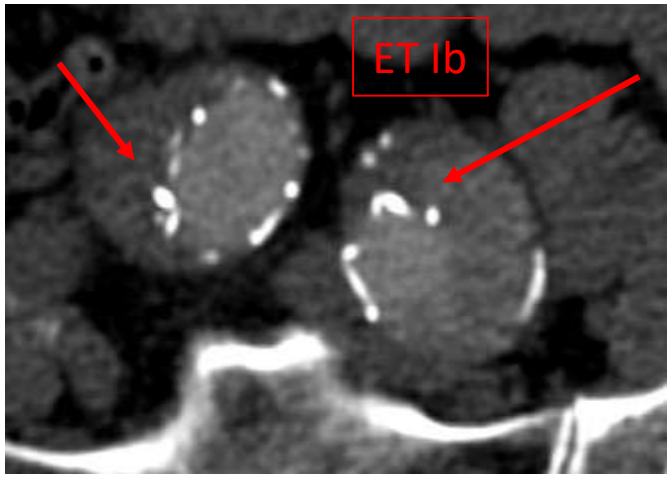
- ✓ No endoleak
- ✓ Sac regression
- ✓ Good general status

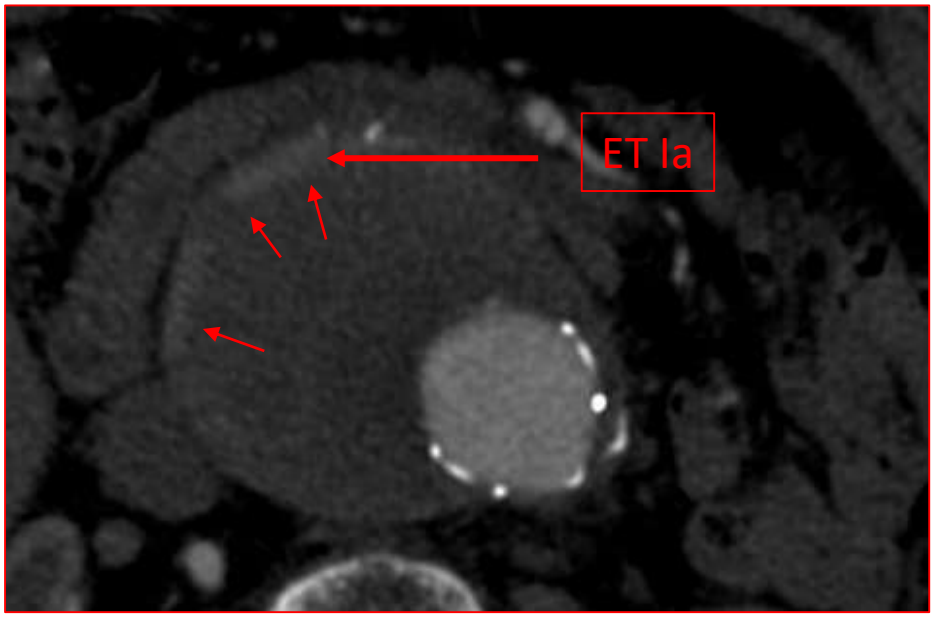


Then patient was lost to follow-up…

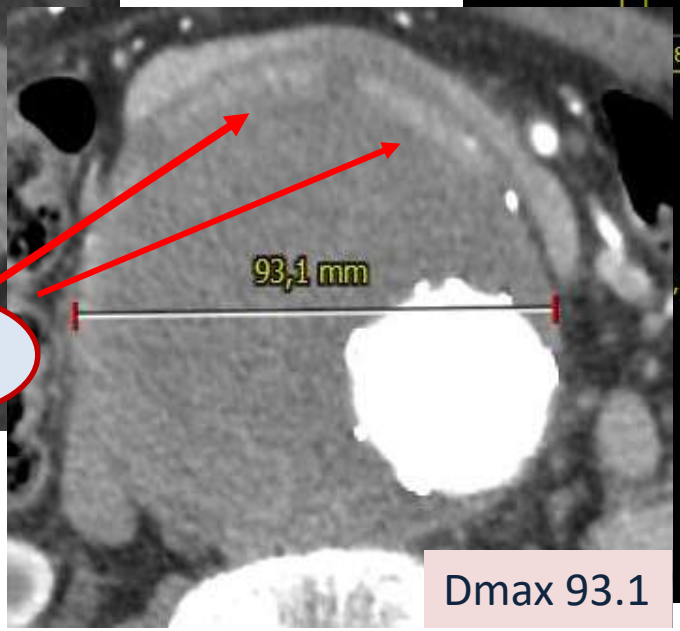
*…**5 years afterwards**, CTA for abdominal pain*

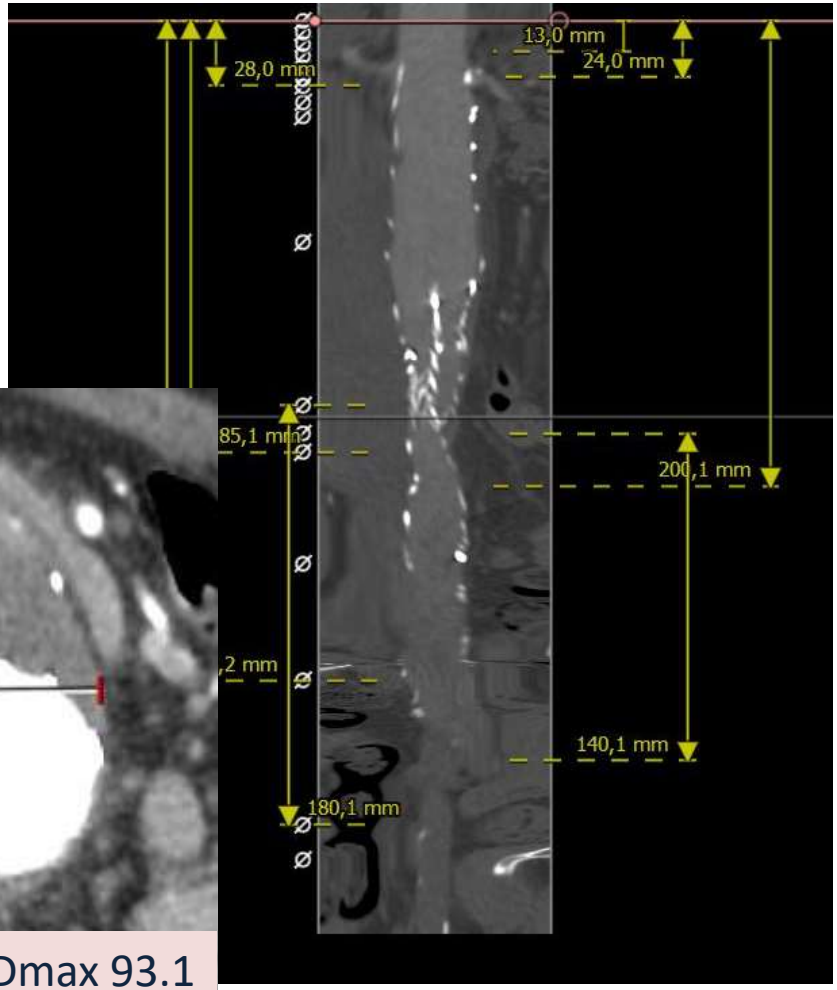
- ET Ia due to neck dilatation, endograft still in initial position
- *Sac expansion 85mm*
- CIAs aneurysm & ET Ib





Pre-operative CTA





Dmax 93.1

Treatment options for proximal neck

- ✓ FEVAR
- ✓ T-Branch
- ✓ Chimney
- ✓ Open repair

Treatment options for iliac landing zones

- ✓ Occlusion of IIAs bilaterally
- ✓ Preservation of both IIAs
- ✓ Preservation of one IIA & coiling of the contralateral

In a few words…

- Thoracic endograft at the proximal neck

  Keep in mind

  - ✓ Previous endograft with long main body (100mm)
  - ✓ Large supra-renal diameter of 36mm

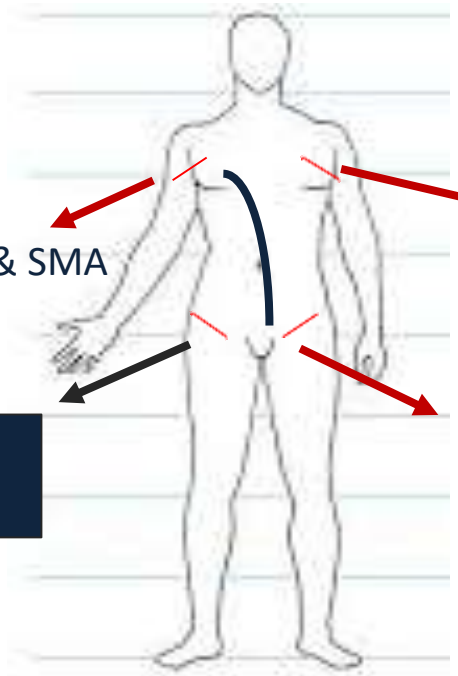
- Three target vessels
  - ✓ All catheterized from above through the axillary arteries

- Iliac Branched Endoprosthesis for the preservation of the LIIA

- Coiling of the RIIA and limb extension

Access

Access via
- ✓Both axillary arteries
- ✓Both femoral arteries



Catheterization of LIIA & SMA

Catheterization of LRA & RRA

Main graft

Insertion of IBE

- Rosen wires
- ANL sheaths 8Fr

- General anesthesia
- 5000iu UFH, continuous re-evaluation with ACT measurements
- Cerebral oximetry

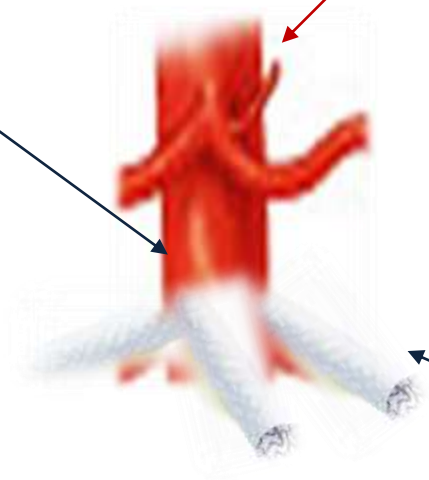
Target vessels

SMA

Balloon-expandable covered stent 10x57mm

Relining with self-expanding stent 8x60mm

CT



RRA

Balloon expandable covered stent 7x57mm

Relining with self-expanding stent 12x60mm

LRA

Balloon expandable covered stent 8x57mm

Relining with self-expanding stent 9x60mm

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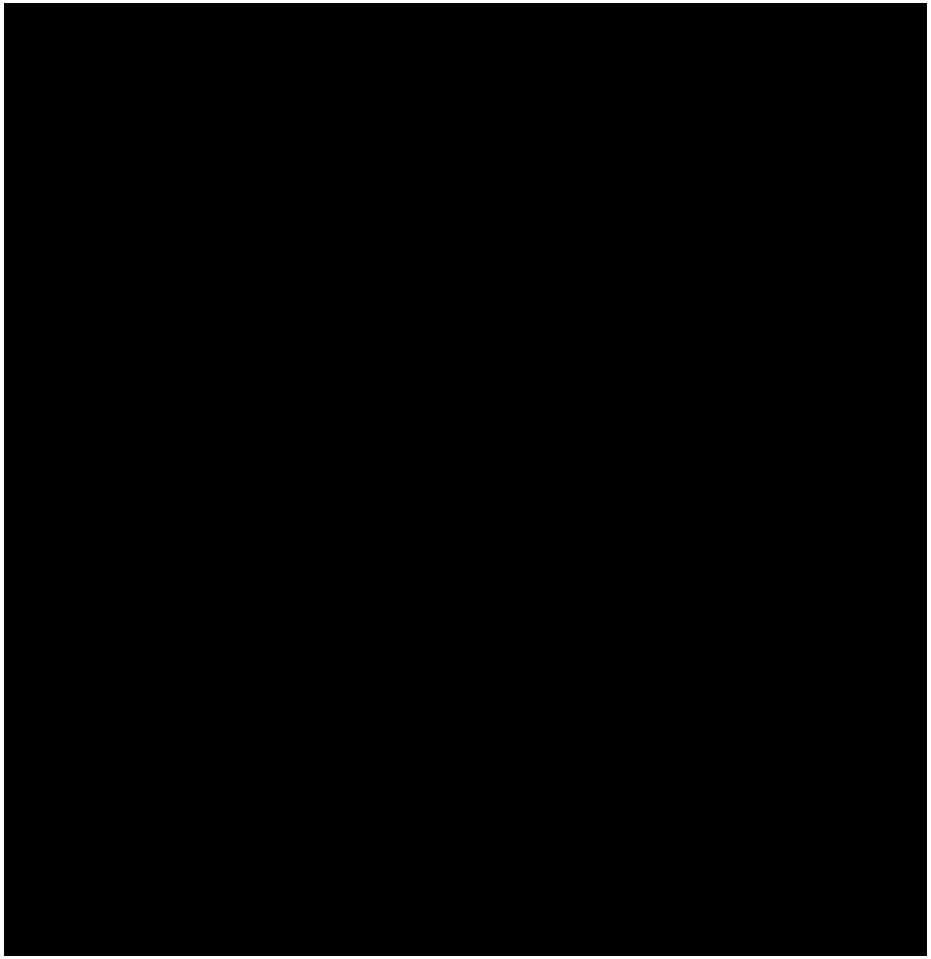
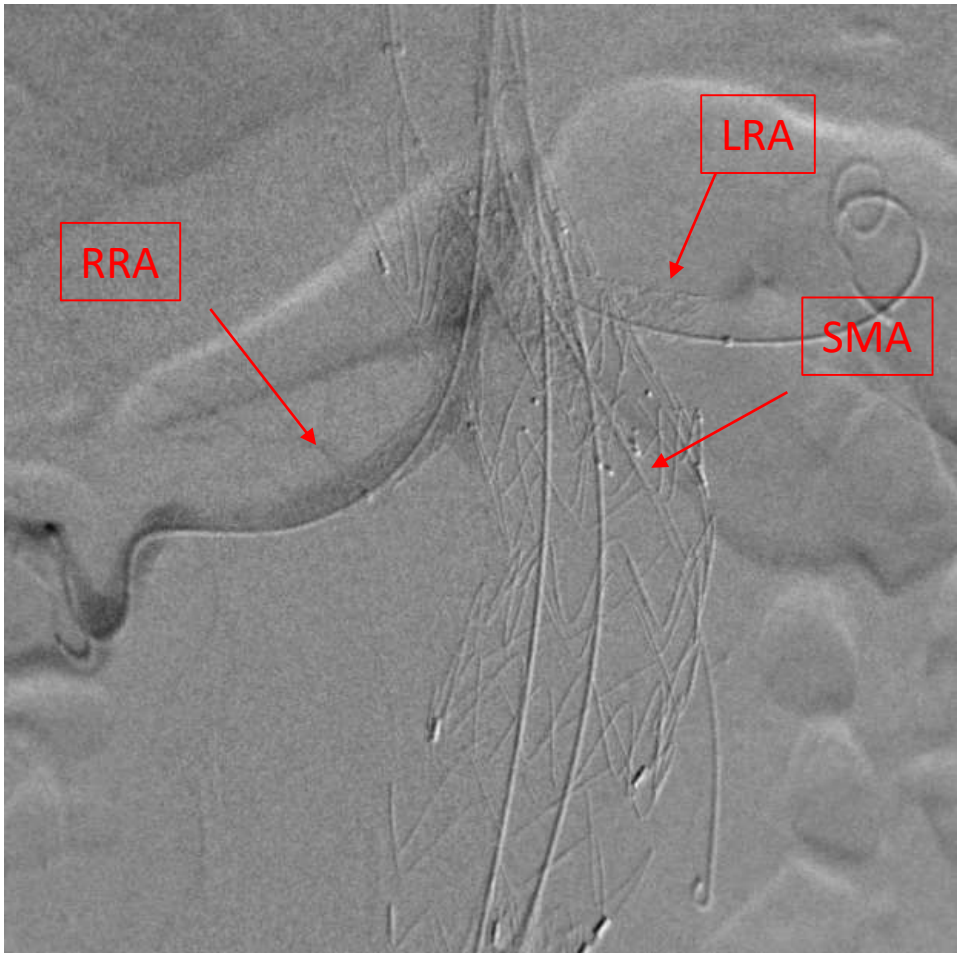


IIA Preservation

Target Vessels



Intra-operative details

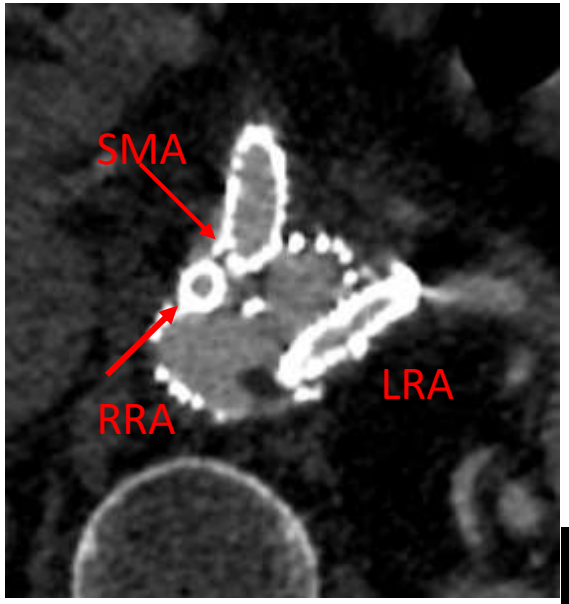
Intra-operative data

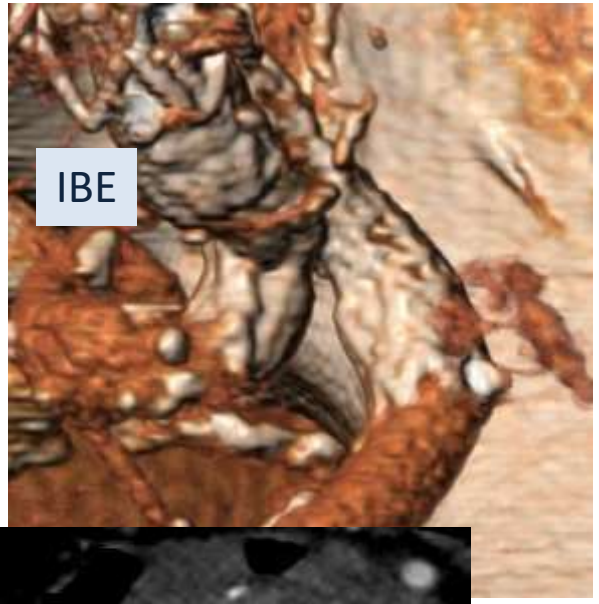
- ✓1 RBC
- ✓Contrast 180ml
- ✓Radiation 606mGy (102min)
- ✓Duration of operation 240 min

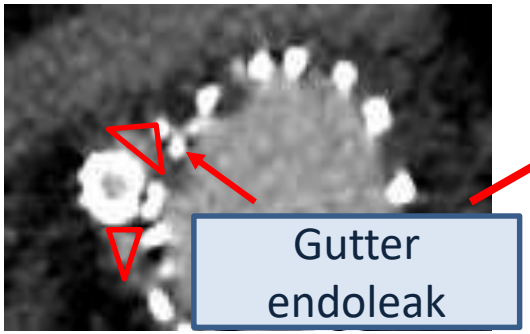
Patient transferred to ward under close monitoring

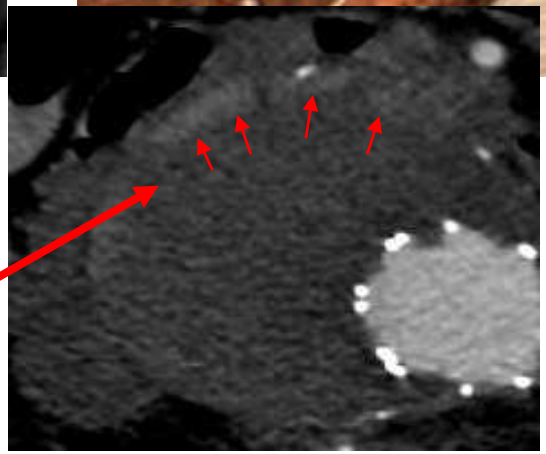
No need for ICU

Post-operative CTA before discharge



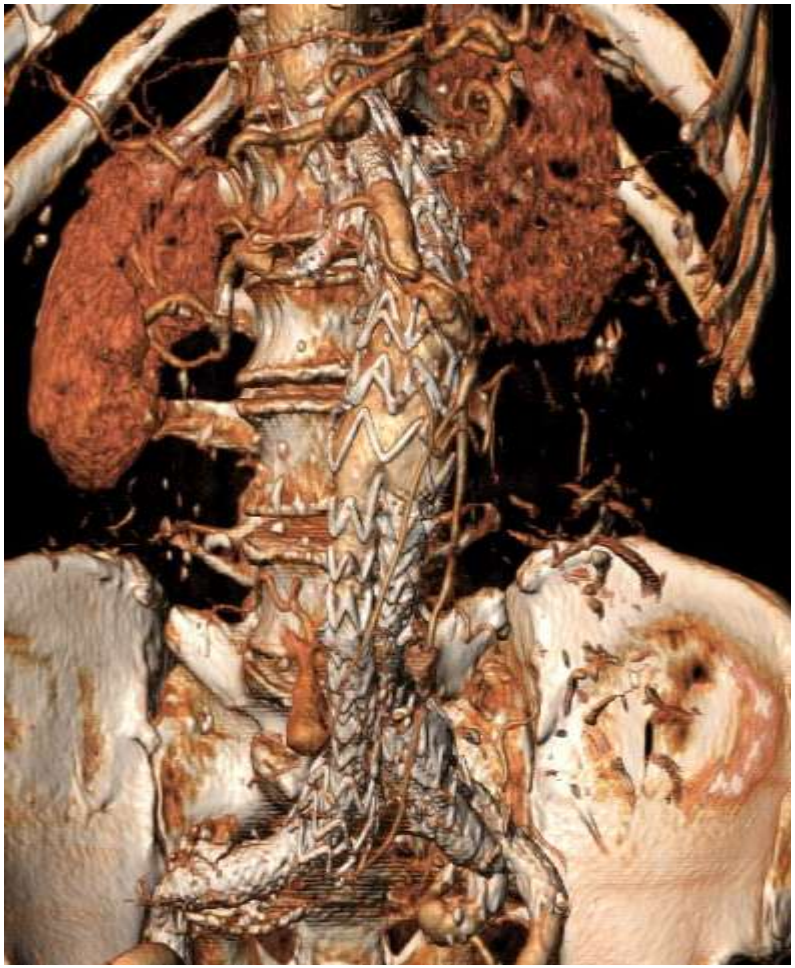




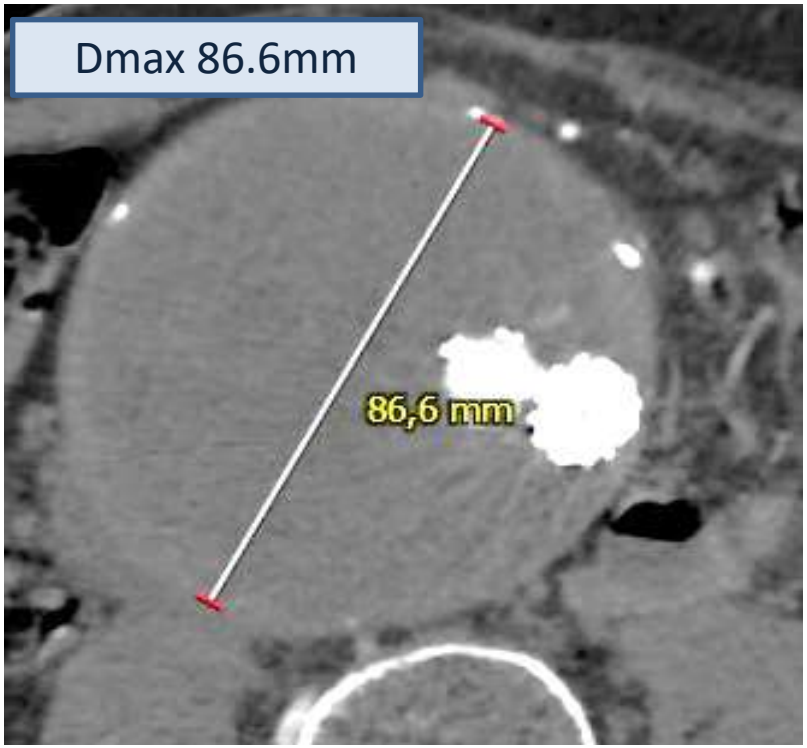


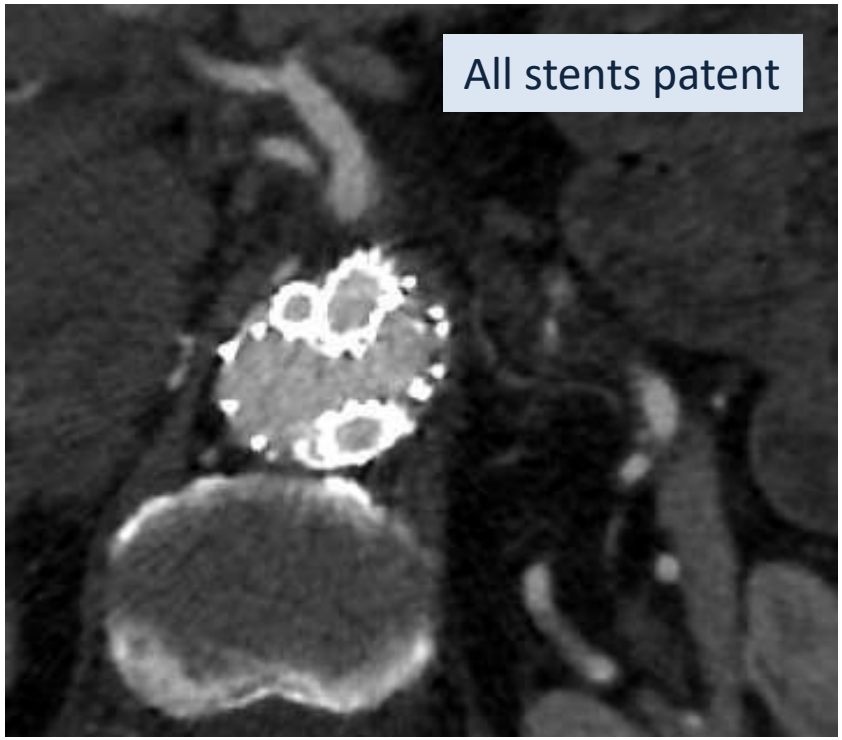
30-day follow-up

- ✓ No complication recorded (gutter endoleak disappeared)
- ✓ Good general status



30-day follow-up





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LIVE Larissa
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2020

SEMINAR edition
NEW

LIVE cases
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Clinical Cases
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