



Graft related post-EVAR flow diversities

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Background

- Endovascular devices are designed by trial and error, involving animal testing and human clinical trials
- The performance of endografts can be evaluated adopting computational methods as routinely used by the aircraft and automobile industry



Background

- Advances in medical imaging combined with computational modeling allow for the development of patient-specific 3D vascular models providing a viable framework
- Computational modeling has not been yet introduced in clinical routine (under research)



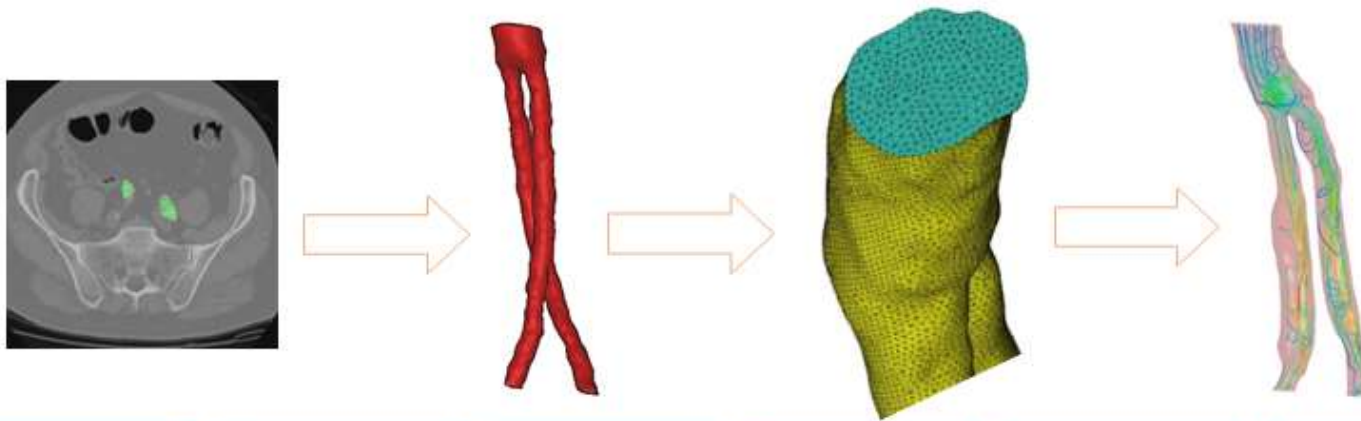


AIM

- Assess whether different aortic stent-graft configuration may lead to different hemodynamic properties
- The current study deals with the postoperative hemodynamic variability between 4 stent-graft systems with different structure, material and type of fixation



Workflow



32 patients:
 • 8 AFX
 • 8 Endurant
 • 8 Excluder
 • 8 Nellix

Image
 reconstruction

Grid
 Generation

CFD

Post
 Processing

Statistics

• 3Mensio
 • MATLAB

• Mimics
 • VMTK

ANSYS
 ICEM

ANSYS
 FLUENT

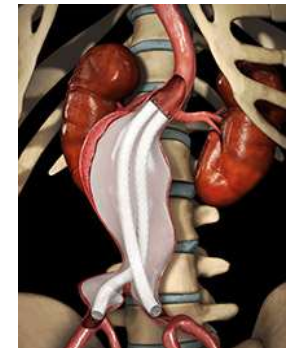
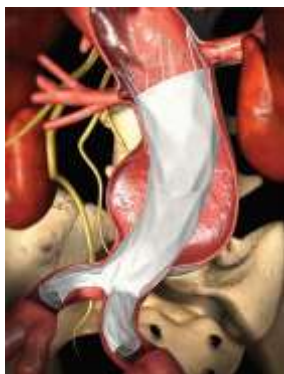
ANSYS
 CFD post

MATLAB



Endografts

	Graft	Stents	Fixation
AFX	Strata™ graft technology	Cobalt chromium	Suprarenal / aortic bifurcation
Endurant	Polyester fabric	Nitinol	Proximal anchoring pins
Excluder	ePTFE and fluorinated ethylene polypropylene	Nitinol	Proximal nitinol bars
Nellix	PTFE	Cobalt chromium	Endobags filled with polyethylene glycol



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



Patients selections

Patient	Main body diameter (mm)	Right limb diameter (mm)	Left limb diameter (mm)
EN1	25	16	16
EN2	25	16	16
EN3	28	16	16
EN4	25	20	16
EN5	28	20	16
EN6	32	20	20
EN7	25	20	20
EN8	25	20	16
EX1	23	16	16
EX2	28	16	16
EX3	23	14	14
EX4	28	14	14
EX5	28	14	16
EX6	23	20	16
EX7	23	16	16
EX8	26	14	16
AFX1	25	16	16
AFX2	28	16	16
AFX3	28	16	16
AFX4	28	16	20
AFX5	28	16	16
AFX6	25	16	16
AFX7	25	16	16
AFX8	28	16	16



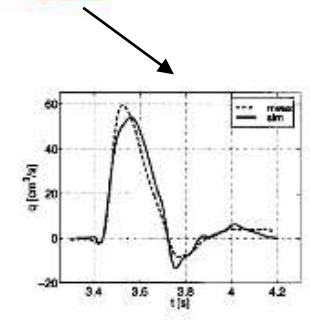
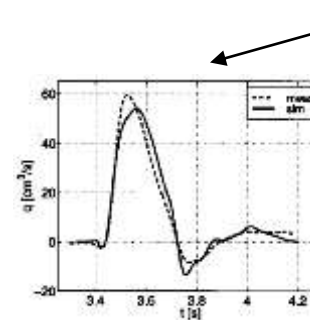
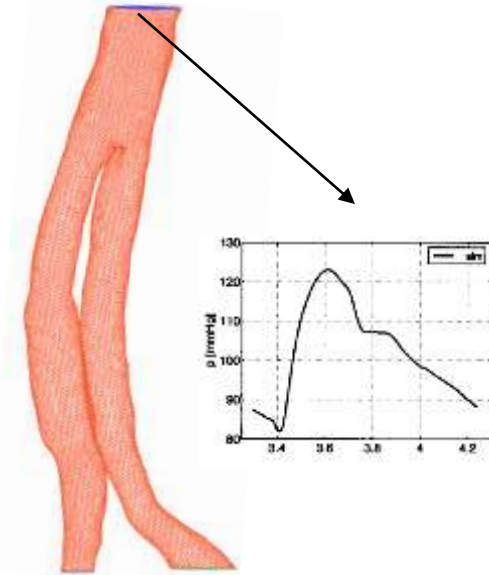
Anatomical characteristics

	AFX	Endurant	Excluder	Nellix	<i>p</i> -value
Neck length (mm)	27.6±9.6	20.0±6.0	26.6±8.2	27.8±11.7	0.2
Neck diameter (mm)	23.2±1.9	24.8±3.1	22.6±2.1	23.3±2.6	0.3
Infrarenal angle (degrees)	29.3±12.5	21.4±9.0	20.5±13.6	25.7±16.7	0.5
Suprarenal angle (degrees)	20.4±13.6	19.5±10.0	16.9±8.4	26.0±13.8	0.4
Aorta length (mm)	112.7±16.6	105.9±16.1	117.3±9.3	115.6±16.5	0.4
Right iliac length (mm)	58.6±9.6	65.9±8.4	67.7±16.9	65.6±11.5	0.4
Right iliac diameter (mm)	13.3±1.7	15.5±2.0	13.7±2.0	13.8±2.2	0.1
Neck to right iliac diameter	1.8±0.3	1.6±0.3	1.7±0.2	1.7±0.3	0.7
Left iliac length (mm)	62.6±7.3	70.2±9.0	70.7±14.7	62.2±18.1	0.3
Left iliac diameter (mm)	14.1±2.0	14.4±2.2	14±2.7	13.2±2.6	0.8
Neck to left iliac diameter	1.7±0.3	1.7±0.2	1.6±0.2	1.8±0.4	0.6



Mesh and boundary conditions

- 500.000 to 1.300.00 tetrahedral elements
- No patient-based boundary conditions (limitation)
- Physiologic pulse pressure at the inlet
- No-slip boundary condition at the surface. Rigid wall assumption
- Time-dependent velocity waveforms at the outlets
- Simulations performed in a powerful Dell™ Precision™ T7500 workstation owned by Laboratory for Vascular Simulations





Measurement zones

- Two zones: 1) before and 2) after bifurcation
- Blood flow is expected to be disturbed in these zones
- Nellix doesn't involve an artificial bifurcation but divides blood flow



AFX



Endurant



Excluder



Nelli

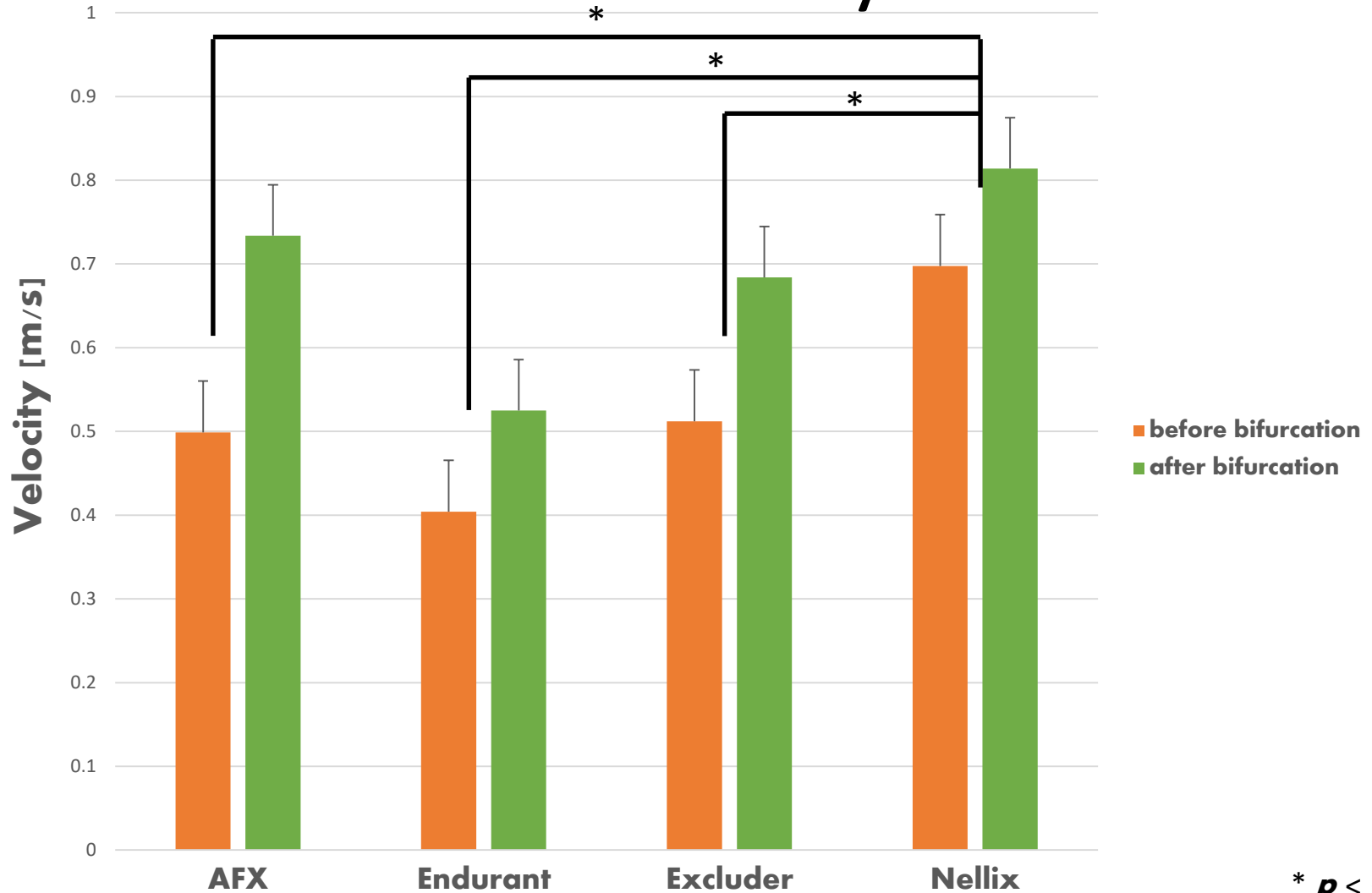


Hemodynamic properties

Index	Time instance	Clinical background
Max velocity	Peak systole	<ul style="list-style-type: none"> No special instructions required
Max WSS	Peak systole	<ul style="list-style-type: none"> Physiological profile impedes atherogenesis, thrombosis, adhesion of leukocytes, smooth muscle proliferation and endothelial apoptosis
Mean helicity	Mid-diastole	<ul style="list-style-type: none"> facilitates blood flow transport suppresses disturbed blood flow prevents accumulation of atherogenic low-density lipoproteins on the luminal surfaces of arteries enhances oxygen transport from the blood to the arterial wall reduces the adhesion of blood cells on the arterial surface

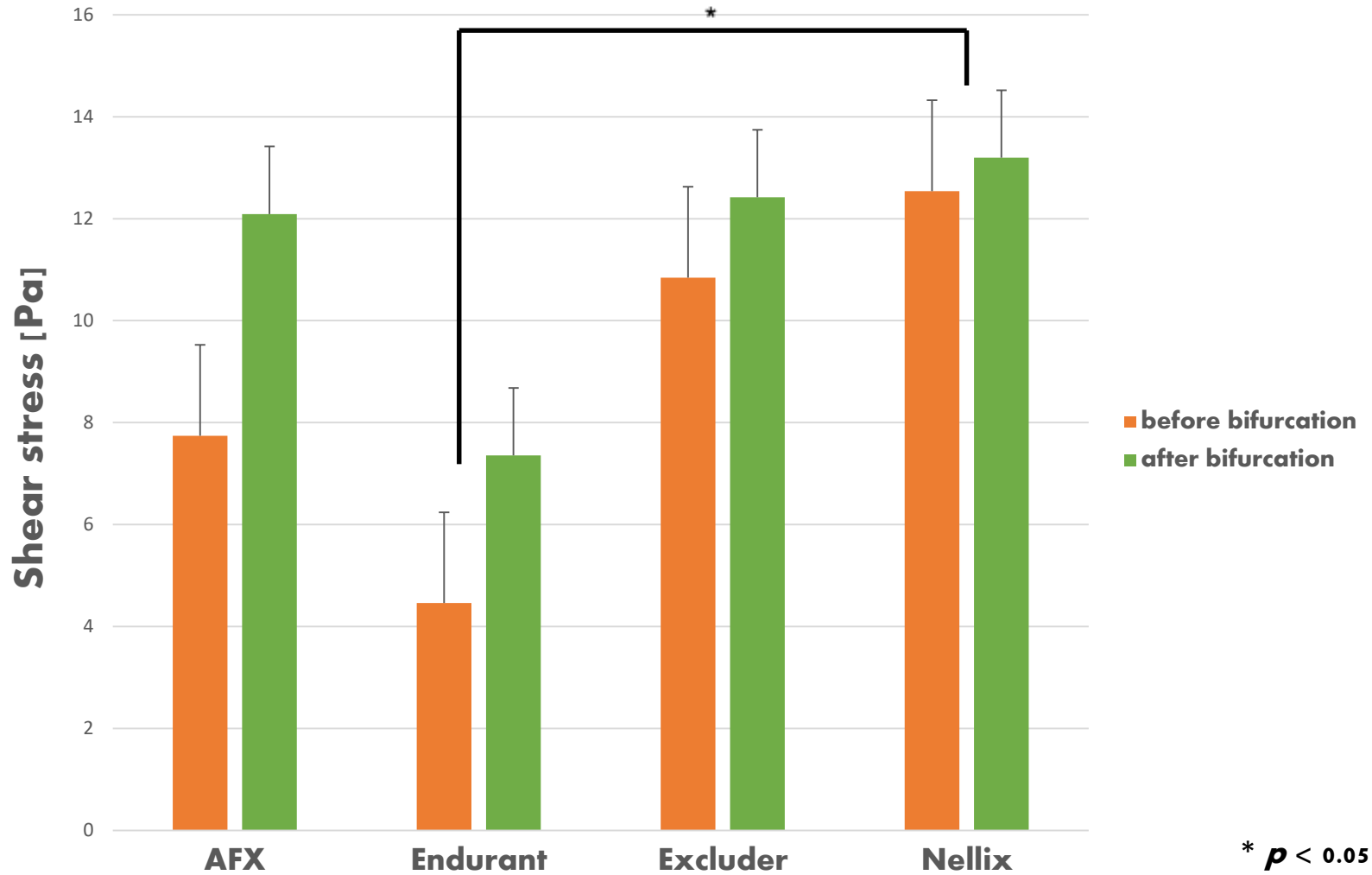


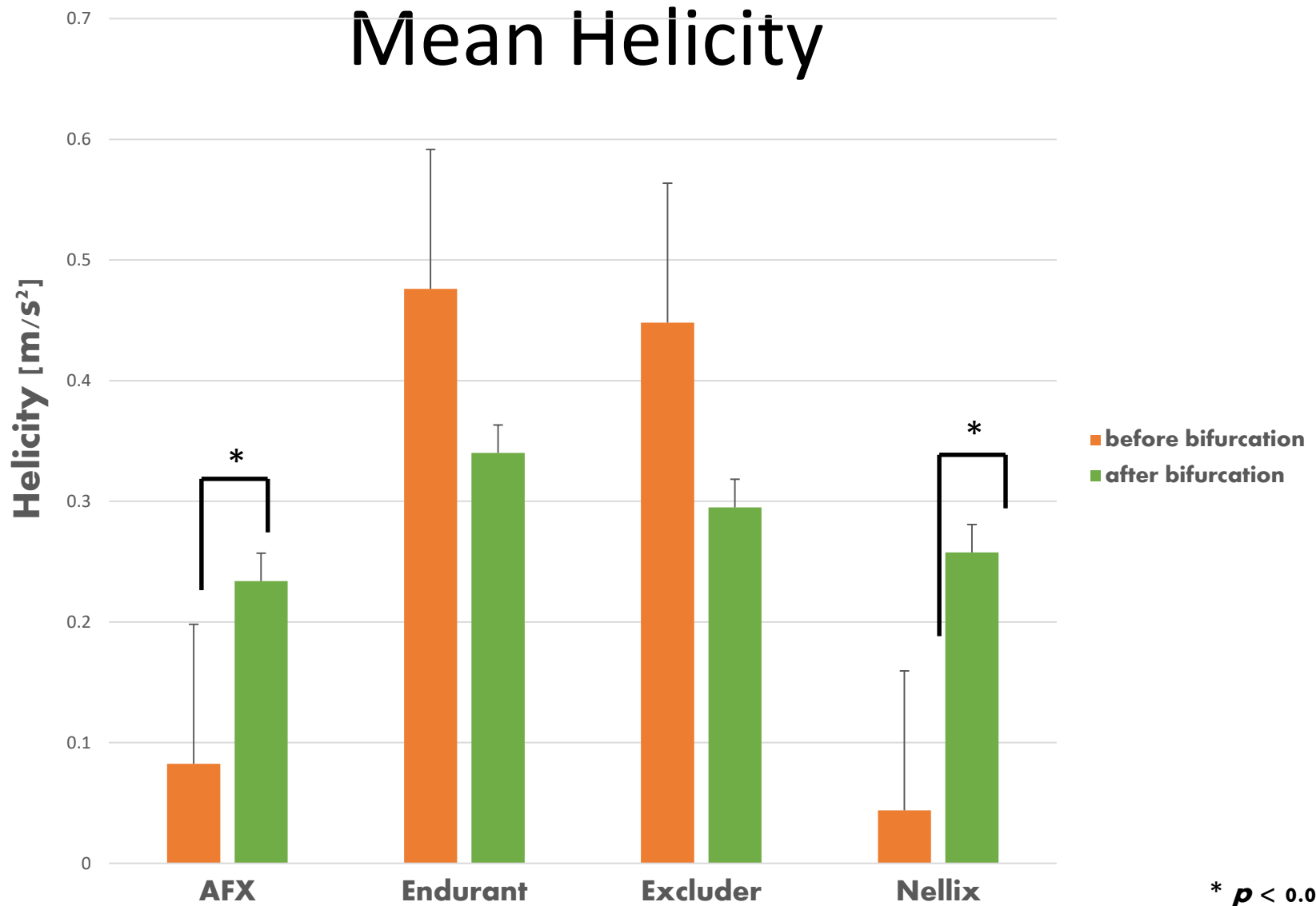
Max Velocity





Max Wall Shear Stress

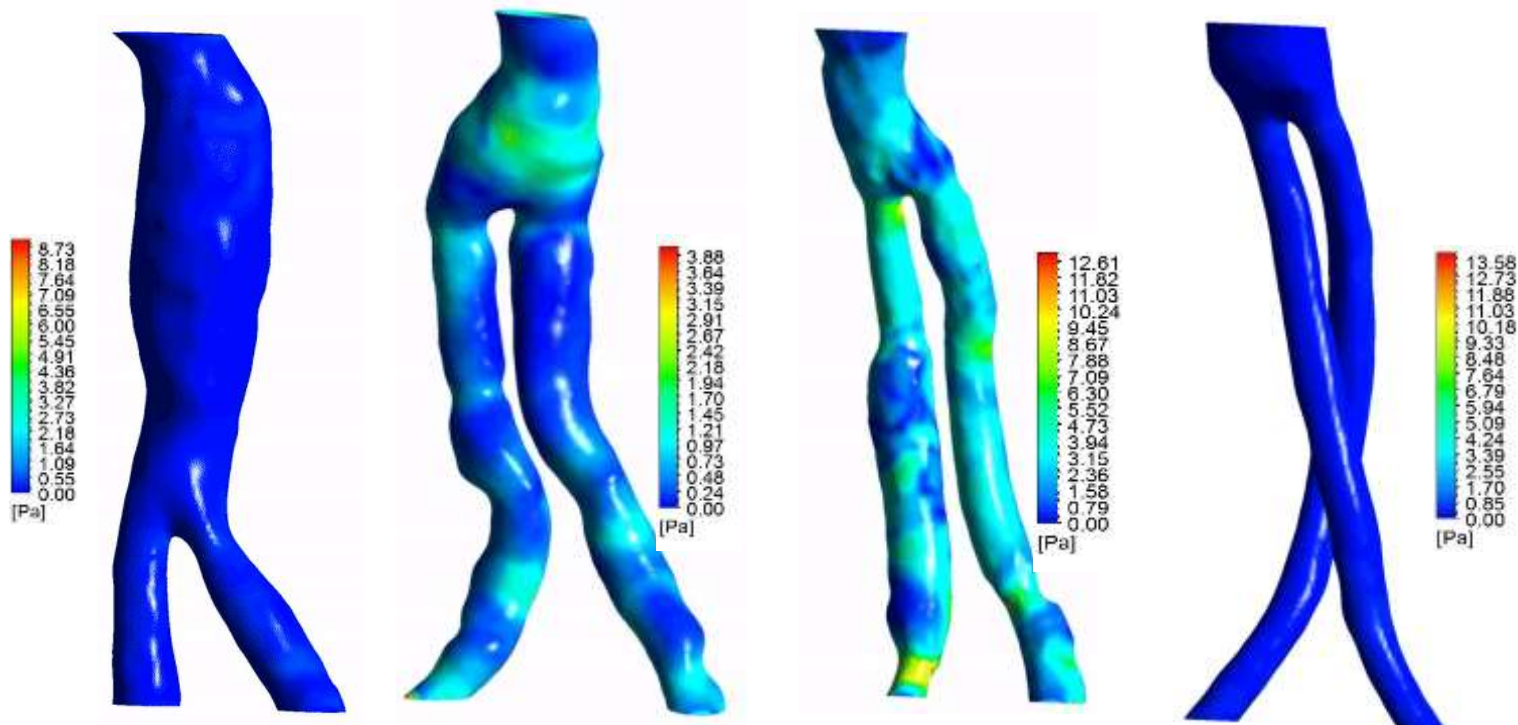






WSS

- WSS is typically a gradient of velocity. Increased WSS means higher blood velocity changes
- Smoother WSS profile for AFX and Nellix compared to Endurant and Excluder



AFX

Endurant

Excluder

Nellix



Helical Structures

- Vortical structures develop and dissipate mainly during diastole
- Helical structures are limited before the flow division in AFX and Nellix cases while more dense vortical zones are observed before the bifurcation of Endurant and Excluder cases.



AFX



Endurant



Excluder



Nellix



Conclusion

- ❑ Endografts with different anatomic characteristics demonstrate **different hemodynamic parameters**
 - **near the flow divider** depending on the endograft type,
 - different flow conditions of several different **limb configurations**
- ❑ Future studies are needed to examine whether these differences in hemodynamic characteristics may have a clinical impact in the long-term follow-up of the patients
- ❑ The study suggests that computational assessment of the quality of post-EVAR blood flow should be extended in all devices represented by bigger patient cohorts



Thank you

