Endovascular Treatment of Severe TASC C&D Lesion with Gore® Viabahn Endoprosthesis

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Disclosure

Speaker name:
Michele Antonello

I have the following potential conflicts of interest to report:

☒ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
STENT CHOICE

Viabahn stent graft for TASC C and D lesion

- Covered stent (no risk of rupture or intimal hyperplasia)
- Conformability to the Iliac anatomy
- Adaptability to EIA tortuosity
- Conformability to the aortic carrefour
- Availability of 10-15 cm length
TECHNICAL CONSIDERATIONS

Stent navigation
TECHNICAL CONSIDERATIONS

Stent navigation
TECHNICAL CONSIDERATIONS

Overlapping
TECHNICAL CONSIDERATIONS

Overlapping
TECHNICAL CONSIDERATIONS
EIA endovascular planning
CONFORMABILITY

External Iliac Artery
CONFORMABILITY

External Iliac Artery
CONFORMABILITY

External Iliac Artery
TECHNICAL CONSIDERATIONS

EIA endovascular planning
TECHNICAL CONSIDERATIONS

EIA endovascular planning
TEHCNICAL CONSIDERATIONS

Aortic carrefour
TECHNICAL CONSIDERATIONS
Aortic carrefour
TECHNICAL CONSIDERATIONS

Aortic carrefour
NEW DEDICATED STENT

First-in-Human Experience With the Gore Balloon-Expandable Covered Endoprosthesis in Iliac Artery Occlusive Disease

Andrew Holden, FRANZCR¹, Stephen Merrilees, FRANZCR¹, Brendan Buckley, FRANZCR¹, Brigid Connor, FRANZCR¹, Frances Colgan, FRCR¹, and Andrew Hill, FRACS²

- Flexibility
- Precision
- High radial strength
- Expanded range of lengths and diameters

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Editor's Choice — Outcomes of Self Expanding PTFE Covered Stent Versus Bare Metal Stent for Chronic Iliac Artery Occlusion in Matched Cohorts Using Propensity Score Modelling

M. Piazza *, F. Squizzato, A. Dall’Antonia, S. Lepidi, M. Menegolo, F. Grego, M. Antonello

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CONCLUSION

✓ Overall the use of CS for aorto-iliac lesions (TASC B, C and D) appear to have similar early and mid term outcomes compared to BMS.

✓ However, when considering TASC C-D lesions, BMS is a strong negative predictor of patency and CS has significantly better patency rate during mid-term follow-up.

✓ For this reasons, in this subset of TASC C-D lesions, CS should be considered as the primary line of treatment.

✓ Viabahn in term of both results and conformability in our experience is the stent graft of choice.
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