Bilateral transaxillary approach to a thoracoabdominal endovascular aortic aneurysm repair

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Disclosure

WL Gore – Consultant
Bolton Medical – SAB
Cook IDE for Fenestrated and Branch Grafts – no Financial benefit
Spectranetics – SAB
Abbott Medical – Speakers Panel
HPI:

- 75 y/o M presented in 2016 with severe left lower extremity ischemia requiring an AKA. Postoperatively, he demonstrated significant cardiac ischemia with declining renal function. He now presents with abdominal pain and an expanding aneurysm of his suprarenal aorta to 7 cm.

  ○ PMHx: ESRD on HD, CAD s/p stent, DM, HTN, TIA, emphysema, PAD, lung cancer s/p resection and chemotherapy (in remission)


  ○ Meds: Norvasc, Aspirin 81, Toprol, PPI, Crestor, finasteride, Cardura

  ○ Allergies: Iodine
Treatment Options

- Observation with understood risk
- Open surgery: very high risk
- Endovascular
  - Access: Bilateral axillary cutdowns +/- conduit
    - Larger sheath through left axilla
  - Configuration: snorkel, sandwich
    - SMA and celiac cannulation with balloon expandable covered stents
  - Aortic stent graft choice: tapered, flexible, fixation
    - Aortic stent graft from right dacron limb to supracoeliac aorta
Endovascular Aneurysm Repair with parallel grafts to the SMA and Celiac Artery

Bilateral Axillary Artery Cutdowns; Heparinization ACT 250-300

Could not pass 18 F Sheath from the Axillary Artery

Proximal Aortic Stent-Graft: Cook Thoracic Alpha Graft: d-38-147

Parallel Grafts
- Celiac Stent-Graft: VBX 7x59
- SMA Stent-Graft: VBX 6x79

Distal Aortic Stent-Graft: Cook Thoracic Alpha Graft: d-38-91

Right Iliac Artery Visipro Stent 10x57 post dilated to 14mm
Postoperative Course

- POD 0: 4U pRBC intraop. HD stable. Palpable brachial pulses.

- POD 2: Complaining of LUE/LLE weakness and vision changes. CTH (-).

- POD 3: MRA head: multiple small acute posterior infarcts. (50-69% R ICA stenosis; <50% L ICA stenosis). Stroke team – asa 81

- POD 4 (10/31): Passed S&S. Improved LUE/LLE strength

- SAR
Thank You