Complications and troubleshooting in urgent LSA management

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Disclosure

Speaker name:

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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
CASE

• Male, unknown age (70 yo approx.)
• Unknown history
• Intubated after being hit by a car
• Admitted 18 hours before surgery to ICU
• Other issues: subcutaneous emphysema, facial fractures, cerebral contusion, vertebral trauma
• And........
WHAT CAN BE DONE?

• Operating strategies: open or endo

• Thoracic pathology: LSA: oclude or revascularize

• LSA: revascularization: open vs endo
WHAT WAS DONE?

• Chimney with cTAG (aortic) and eVentus (subclavian, urgent case, no more stents available)
• To preserve flow to subclavian artery: the patient had no vertebral artery, long time intubated (neurological findings unknown), avoid left arm ischemia
• After being stabilized he was taken to the theater.....
WHAT WAS DONE?
But, when doing the “final” angio...
Trying to solve the complication
After placing the right stent
WHY?

• Less oversizing of the graft: aorta 28 mm, graft 31 mm → dissection, 10% oversizing
• Small subclavian stent: overballooning or bigger stent, selfexpansible preferred when available
• What happen to the patient:
  • Stable during surgery
  • Left radial pulse present all the time after surgery
  • Awaked in ICU on 3rd PD: Glasgow <3 without drugs for a week, disconnected from automatic ventilator 5 days after surgery
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