Clinical Experience with the New BeGraft+: Potential Advantages?

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Disclosures

• William Cook Europe/Cook Inc.
  — Consultant & Research grants
• Atrium
  — Consultant
• Bentley
  — Part of “Early Launch” Group of the BeGraft+
  — Consultant
Why stent?

Original Reason:
To guarantee option to re-catheterize the target vessel
(John Anderson)
Why Covered BE Stent?

• Pararenal AAA/TAAA
• Patency
  – Mohabbat, Greenberg et al.
  – Personal experience (Groningen/Münster)
    • Uncovered versus covered (Atrium)
• Precise deployment
• Conformability
Purpose of Relining (with SE uncovered Stent)

• To prevent kinking in BE covered Stent (but also in SE covered Stent)

• To smoothen Transition with Target Vessel
Timelines BeGraft peripheral

- Launch BeGraft peripheral
- Launch BeGraft peripheral - modified design -
- Launch BeGraft peripheral PLUS
Performance: Radial Force (Circumferential Load)

- Lifestream (8x58mm): 2.09 N/mm
- ADVANTA V12 (8x59mm): 3.05 N/mm
- BGP (8x57mm): 3.52 N/mm
- BGP+ (8x57mm): 6.94 N/mm

(n = 4)
High radial force and still being flexible
Case Example #2

- 69 YO Male
- Type IV TAAA
  - Dmax:60mm
- Fem-fem crossover (right→left)

Plan:
- 2x Inner Branches for RAs
- 2x Fenestrations (SMA, CT)
- IBD right
Renal Arteries
Right Hypogastric Artery
BeGraft$^+$
RRA (Inner Branch)
BeGraft$^+$
IBD right
BeGraft+
IBD right
Postop CTA
Case Example #5

- 78 YO Female
- Type I TAAA
  - Dmax: 62 mm

- Plan:
  - Fenestrated Arch +
  - 2x Branches, 1x Fenestration
BeGraft+
Celiac Trunk
BeGraft+
SMA
Postop CTA
Case Example #6

• 68 YO Male
• Suprarenal AAA
  – Dmax: 58 mm
• Previous Aortobifem
• Comorbidity
  – CAD
    • EF: 35%
• Plan: 4x BEVAR (2 stages)
Renal Arteries
BeGraft+$^{\dagger}$

RRA
BeGraft$^+$
RRA
BeGraft+
RRA
Final Angiography
Nürnberg Experience
(tested in difficult anatomy)

• Patients: N=22 (BeGraft+: N=43)

• 2 Bridging Stent-grafts not used because of introduction problems (company has reworked the crimping process)

• Occlusions: N=1
  – Transition problem
Conclusions

• BeGraft + clearly newer Generation Covered Stent that seems more „Branch“ dedicated
  – Visibility +++
  – Flexible and Kink Resistant +++

– Some Forshortening (proximal part)
– Transition with Target Vessel?
  • Still a reason to reline sometimes?
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