

**SANDWICH-GRAFT TECHNIQUE TO PRESERVE BOTH
INTERNAL ILIAC ARTERIES IN A PATIENT WITH
PREVIOUS AORTO-AORTIC BYPASS AND EXTERNAL
ILIAC ARTERY OCCLUSION**

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Disclosure

Speaker name:

Rosa Villardefrancos Gil

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

IIA, PRESERVATION IN EVAR?

REVIEW

Outcome after Interruption or Preservation of Internal Iliac Artery Flow During Endovascular Repair of Abdominal Aorto-iliac Aneurysms

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Conclusion: Unilateral or bilateral IIA occlusion during EVAR seems to carry a substantial risk of significant ischemic complications in nearly one quarter of patients. Bilateral IIA occlusion was related to a significantly higher rate of BC. IIA preservation techniques represent a significant improvement in the treatment of aorto-iliac aneurysms and have been associated with high technical success and low morbidity.

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SANDWICH-GRAFT TECHNIQUE

◆ TECHNICAL NOTE ————— ◆

Sandwich Technique for Aortoiliac Aneurysms Extending to the Internal Iliac Artery or Isolated Common/Internal Iliac Artery Aneurysms: A New Endovascular Approach to Preserve Pelvic Circulation

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SANDWICH-GRAFT TECHNIQUE

Modified Sandwich-graft Technique Employing Aorfix and Viabahn Stent-grafts to Preserve Hypogastric Flow in Cases of Complex Aortoiliac and Isolated Common Iliac Artery Aneurysms Including the Internal Iliac Artery Ostium

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WHAT THIS PAPER ADDS

This study described and assessed the short- and mid-term outcome of a modified-sandwich graft technique that can be used to preserve hypogastric flow in cases of complex aortoiliac and isolated common iliac artery aneurysms including internal iliac artery ostium. Although there are iliac branch devices (IBDs) available in the market, these endografts may not be suitable for all cases, especially those with complex aortoiliac anatomy. Furthermore, the long-term outcomes of the IBD remain unclear. The study provides an alternative safe and effective endovascular strategy to preserve the hypogastric flow in patients with aortoiliac aneurysms including internal iliac artery ostium that may not be suitable for IBDs.

Conclusions: MSGT was a safe and feasible strategy to preserve hypogastric flow in cases of complex aortoiliac and isolated CIA aneurysms including IIA ostium and who were not suitable for IBD, with encouraging early and mid-term outcomes.

*Male, 84y

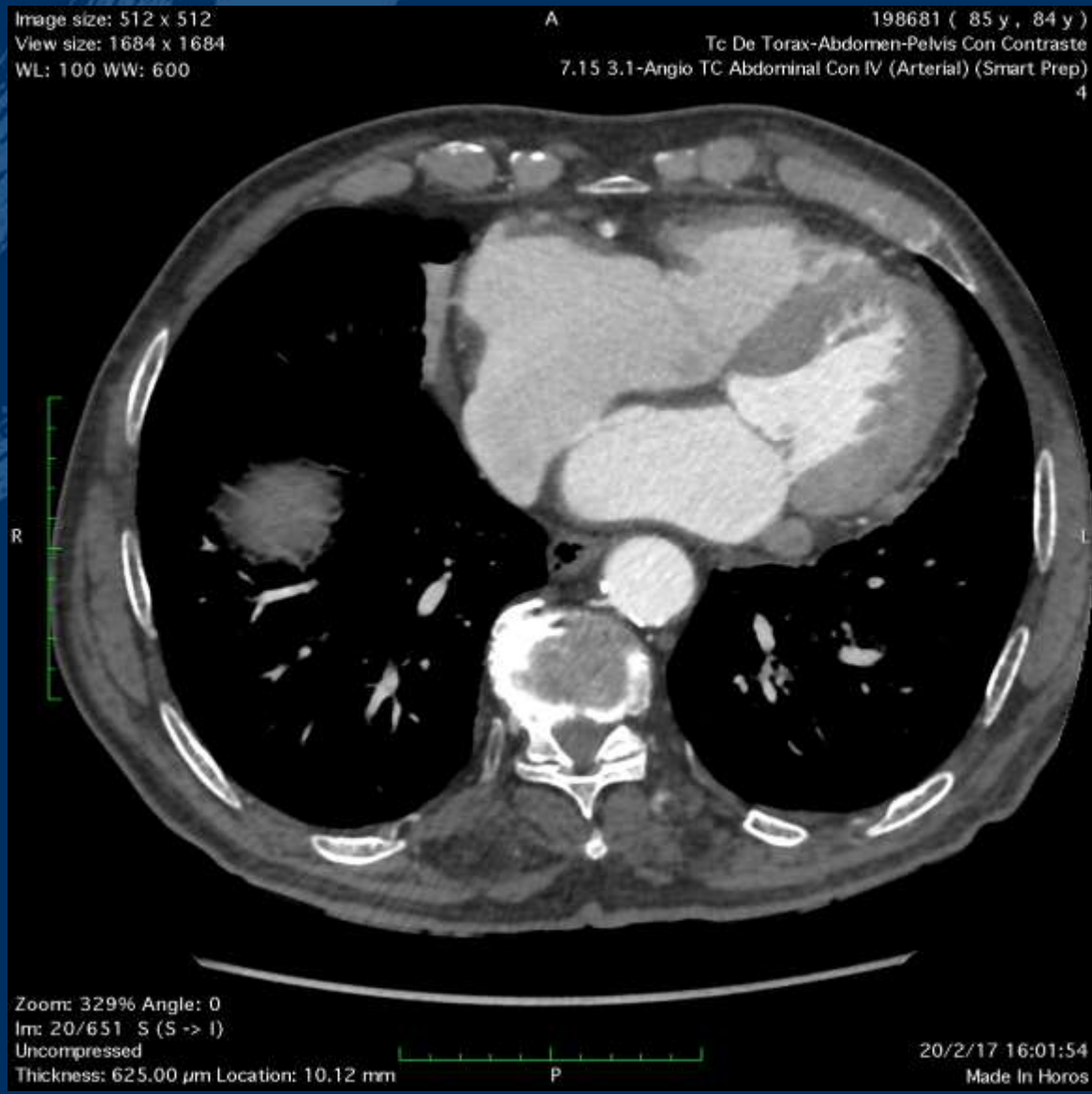
*Hypertension, AF, OB, asthma

*13 years ago:

-Infrarenal AAA → Aorto-aortic bypass

-Occlusion left EIA → femoro-femoral bypass

*Follow-up: aneurism disease progression



WL: 373 WW: 449

S

A

R

L



I

S-I: 0.0
L-R: 10.7
Roll: 0.4





EVAR: AORFIX™.

SANDWICH-GRAFT TECHNIQUE: VIABAHN™

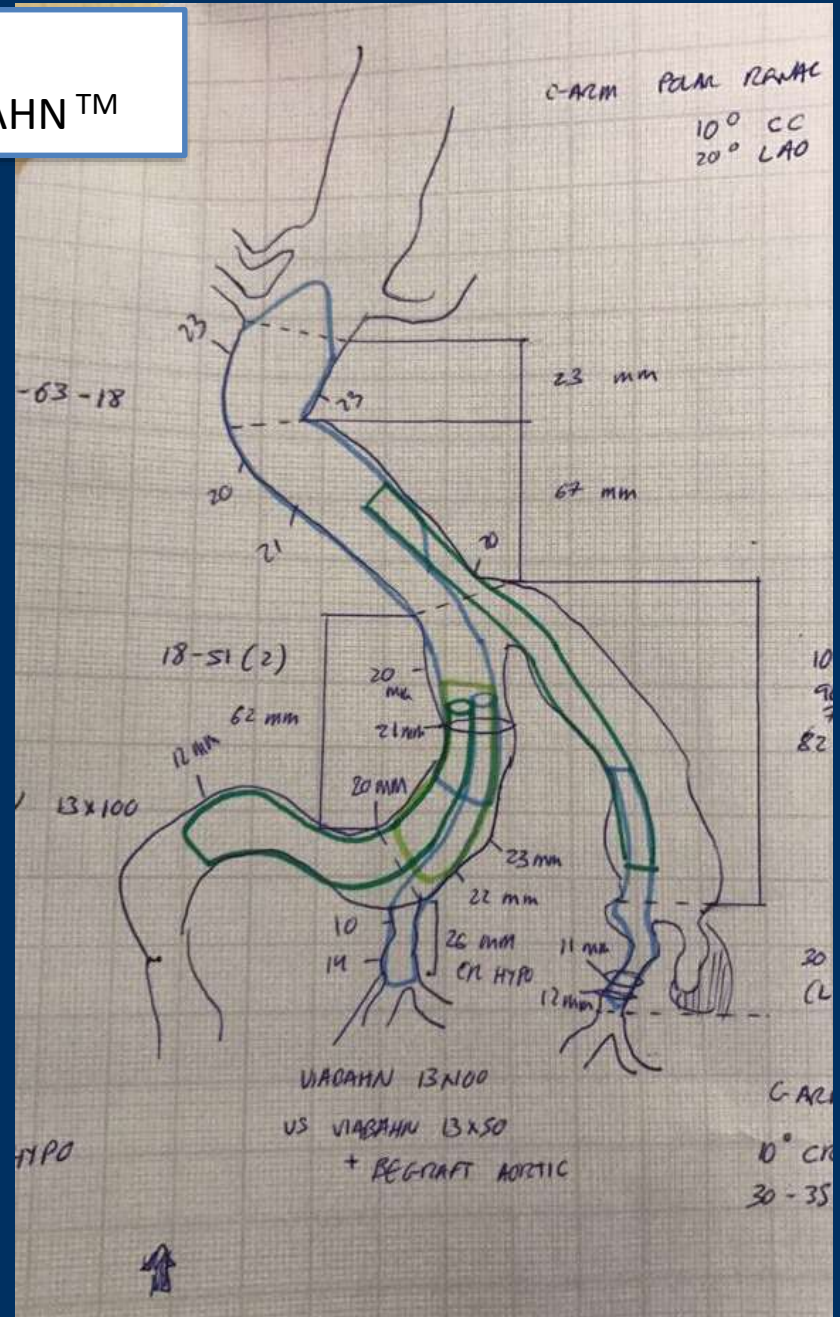
OR: ~~X~~

-Comorbidities

IBD: ~~X~~

-Left EIA occlusion

-Lenght











CONCLUSION

Endovascular reconstruction of the iliac bifurcation is safe and effective.

It allows the extension of distal landing zone for EVAR while preserving the IIA blood-flow, even in unfavourable iliac anatomy.

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