Unmet needs in EVAR: do they exist

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Disclosures

Speaker name:
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I have the following potential conflicts of interest to report:

Consulting, Honoraria: Avinger, Biotronik, Cordis/Cardinal Health, Medtronic, Symedrix, Vivasure,
Unmet needs in EVAR

Deliverability

review of anatomic features of 1,063 patients with AAAs in a 14-year single-center experience, the second most common cause of exclusion for endografting (after short proximal aortic neck length) is the presence of small iliac access.

Bilateral, small (<6 mm) iliac lumen is more common in women than in men (47% vs 17%, respectively) and compromises EVAR access.

Infrarenal, asymptomatic AAA

- Male / 70 y.o.
- Atrial fibrillation, Rivaroxaban therapy
- thrombocytopenia

Comorbidity:
- Hypertension
- Dyslipidemia
- IDDM
- Sleep apnea
- Adipositas
Infrarenal, asymptomatic AAA 70yo male
Infrarenal, asymptomatic AAA 70yo male

Skin-to-skin OR-time 35minutes

CTA post EVAR
Infrarenal, asymptomatic AAA

- female / 65 y.o.
- AAA with max. axial diameter of 47mm, 7mm increase within last 6 month

Comorbidities:
- Hypertension, hyperlipidemia
- PAD, fem.pop. Bypass right leg

ABI: 0.4
Infrarenal, asymptomatic AAA, right popliteal occlusion

- Postop ABI right 1,
- Aneurysm completely excluded in postop CT
Infrarenal, asymptomatic AAA 46mm maximum axial diameter
PAOD Rutherford III, Leriche-syndrome

- male / 64 y.o.
- Hypertension, hyperlipidemia, nicotine
- Claudication, painfree WD 50-100m
Infrarenal, asymptomatic AAA 46mm maximum axial diameter
PAOD Rutherford III, Leriche-syndrome

Right CIA

Left CIA

Median sacral artery
Duplex-US guided bifemoral puncture of CFA
Insertion of 8F 10cm sheath (Terumo)

Right iliac – subintimal Passage

Left iliac-true lumen passage with 0.035 Quickcross catheter and 0.035 Advantage wire
Recanalization left with Quickcross 0,035
Right iliac with Outback

angiographie via left access

Right iliac recanalization with Outback Reentry catheter (Cordis)
After successful recanalization Preclosing with ProstarXL and direct insertion of Incraft main body delivery system **without predilation or stenting**

Insertion of 0.035 stiff WeTrac wire (Symedrix) via right access and pigtail via left access

Whilst dottering the CTO with the delivery system embolization risk is minimized
Implantation of main body in standard fashion

Insertion of 0.035 stiff WeTrac wire via right access and pigtail. Via left access.

To gain maneuverability for limb canulation a PTA with 8x40mm balloon was necessary.
Implantation of left iliac limb

Cannulation by 0.035 Berenstein catheter

Measuring distance main-body to left hypogastric with WeTrac-wire

Diatation of left limb with Reliant balloon
Implantation of right iliac limb

Measuring distance main-body to right hypogastric with WeTrac-wire
Completion angiogram, ABI bilateral post EVAR > 1, Rutherford 1

Reinforcement of both iliac limbs with 8x58 Dynamic BESs
Completion angiogram, ABI bilateral post EVAR > 1, Rutherford 1
Postop. CTA
EVAR with 14F delivery system INCRAFT® Endograft enables percutaneous treatment of Aneurysms with difficult access anatomy
Thank you for your attention

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