Re-entry devices for lamella neo-fenestration during endovascular aortic repair of chronic Type-B aortic dissection
Disclosure

Speaker name: Tommaso Cambiaghi

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
Limitations:

- Small true lumen
- Vessels from false lumen

Verhoeven EL et al. J Endovasc Ther. 2012
Lamella neofenestration

Acute dissection – fragile lamella:
• Re-entry devices
• Cheese-wire technique

Chronic dissection – thickened, stable lamella:
• Back of a guide-wire
• TIPS needle
• Transseptal needle
Controlled anterograde and retrograde tracking and dissection

Re-entry techniques

Proximal cap

Distal cap

CART

Reverse CART

Re-entry on balloon technique
Case 1

- 76yo M
- Infrarenal dissection
- Intermittent claudication

➢ Gore Excluder endograft
Case 1
• Armada-35 PTA balloon
• Outback Elite re-entry catheter
• Neo-fenestration dilation
• Iliac limb completion

1) FL ballon inflation
Case 2

- 70yo M
- Type A + B aortic dissection
- Emergent ascending repair
- **FET deployed in false lumen**
- TEVAR + CT plug for TAA

➢ Extent I TAAA
Case 2
- Volcano Pioneer Plus IVUS-guided re-entry catheter
- Cook Coda 46mm

I) Re-entry IVUS-guided lamella neofenestration
Case 2
Conclusions

- Balloon stabilizes the dissection lamella, increasing accuracy and efficacy of the re-entry needle.

- Balloon increases tension on the lamella, enabling its perforation.

- Post-dilation of the lamella necessary to achieve optimal and stable neofenestration.
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Tommaso Cambiaghi

Vascular Surgery, “Vita-Salute” - San Raffaele University Scientific Institute Ospedale San Raffaele, Milan – Italy
Chair: Prof. Roberto Chiesa