Percutaneous access downsizing for early limb reperfusion in fenestrated/branched TAAA repair

Tommaso Cambiaghi

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

Cook Zenith Fenestrated
- ≥18Fr
- ≥6mm

Cook T-Branch
- 22Fr
- >7mm

Gore TAMBE
- 22Fr
- >7mm

Anaconda Vascutek
- 20-23Fr
- >7mm

Illustrations by David Factor, taken from «Endovascular Aortic Repair» by G. Oderich

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“Low profile” in endovascular TAAA

Cook Zenith Fenestrated
Cook T-Branch
Gore TAMBE
Anaconda Vascutek

Average Common Iliac Artery Diameter
8-12mm

Pelvic malperfusion $\rightarrow$ spinal cord ischemia

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Early pelvic reperfusion

Editor’s Choice — The Impact of Early Pelvic and Lower Limb Reperfusion and Attentive Peri-operative Management on the Incidence of Spinal Cord Ischemia During Thoracoabdominal Aortic Aneurysm Endovascular Repair


WHAT THIS PAPER ADDS
This paper reports the impact of an optimized spinal cord protection strategy on spinal cord ischemia rates after endovascular thoracoabdominal aneurysm repair performed in a high volume center.
“Low profile” in endovascular TAAA

Average External Iliac Artery Diameter
6-9mm

Lower limb ischemia

Cook Zenith Fenestrated
≥18Fr
≥6mm

Cook T-Branch
22Fr
>7mm

Gore TAMBE
22Fr
>7mm

Anaconda Vascutek
20-23Fr
>7mm

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Lower limb ischemia
Renal dysfunction and mortality

Old-school reperfusion/downsizing
Percutaneous downsizing technique
Percutaneous downsizing technique
Results

• **Downsizing success: 100% (21/21)**

• **Vessel closure success: 90% (19/21)**
  - $3^{rd}$ Proglide requirement: 48% (10/21)

• **Matched vessel closure success: 93% (39/42)**
  - Max introducer sheath Ø
  - Common femoral artery Ø
  - Previous surgical access

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Conclusions

• Percutaneous downsizing is feasible and safe

• Does not impair final vessel closure

• Bailout is available in case of failure

• May improve patient outcomes*

*larger sample required
Percutaneous access downsizing for early limb reperfusion in fenestrated/branched TAAA repair

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