Beyond SCI: Complications and Pitfalls during complex EVAR in TAAA: management and strategies

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Disclosures

- William Cook Europe/Cook Inc.
  - Research grants & Consulting
- Atrium Maquet
  - Consulting
- Bentley
  - Consulting
Technical Challenges

• Indication
  – Indication to treat?
  – Balance with alternative options?

• Planning

• Procedure
  – Set-up: Hybrid Suite
  – Team: OR nurses, Radiology technicians, Anesthesiology
  – Back-up: large stock of materials
General Advice

• Be aware of your Limitations

• Chose the safest Route…..
  – Less Complications
  – Easier Control and Repair
Surgical Access with **double** Purse String Sutures
Rule 1: Find a good proximal sealing & fixation zone
Rule 2: Stable Upper access
Rule 3: Intra-operative:
Check wires in target vessels
Rule 4: have back-up materials available (and tricks in your sleeve..)
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Rule 5: Back-up Solutions when antegrade catheterization fails (2.8%)

- Retrograde bail-out technique when antegrade catheterization does not work

- Other Options
  - Percutaneous
  - Loop technique
  - Brilliant Idea from Marcelo Ferreira
The Principle...

Retrograde Wire via Puncture of target Artery
Snaring through fen/branch via Axilla
Translumbar Puncture for Retrograde Catheterization of a Kinked Left Renal Stent After Fenestrated Endograft Repair

Adrien Hertault, MD¹, Rachel E. Clough, MD, PhD¹, Teresa Martin-Gonzalez, MD, PhD¹, Rafaelle Spear, MD, PhD¹, Richard Azzaoui, MD¹, Jonathan Sobocinski, MD, PhD¹, and Stéphan Haulon, MD, PhD¹

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The Loop Technique: Addressing Celiac Artery Dissection in a Branched and Fenestrated Endograft for the Treatment of a Type III Thoracoabdominal Aneurysm

Young Erben, MD¹, Gustavo S. Oderich, MD², and Peter Gloviczki, MD²

Journal of Endovascular Therapy
2016, Vol. 23(4) 614–617
New Minimal Invasive Bail-Out Technique (Marcelo Ferreira)
Snare-Ride
Rule 6: be aware of risk of wire perforation (3.7%)
Conclusions

• Logistics & Organisation
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