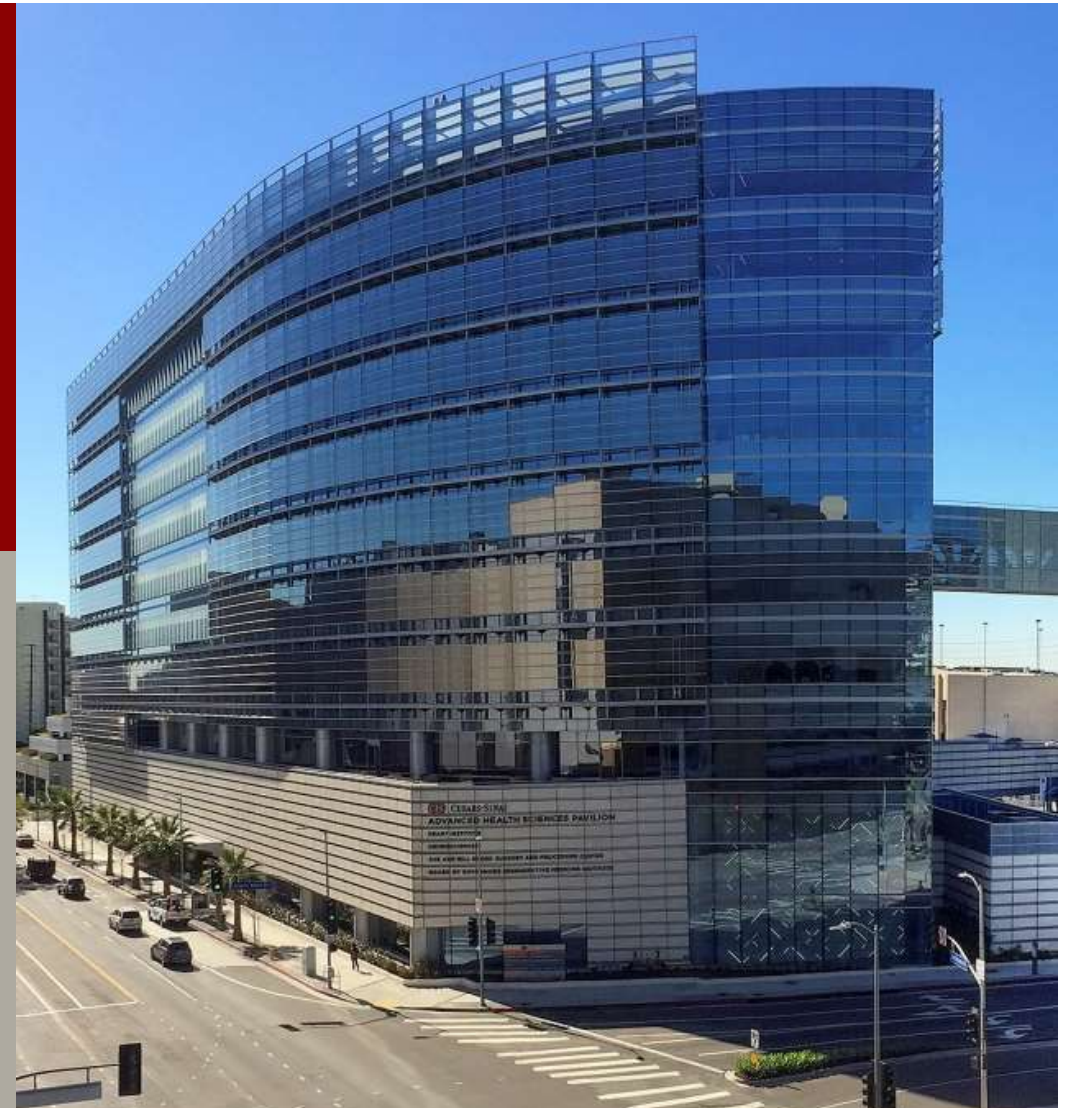


Endovascular repair of a TAAA: the scenic route

Ali Azizzadeh, MD, FACS

Director, Vascular Surgery
Vice Chair, Department of Surgery
Associate Director, Heart Institute

Cedars-Sinai Medical Center
Los Angeles, CA



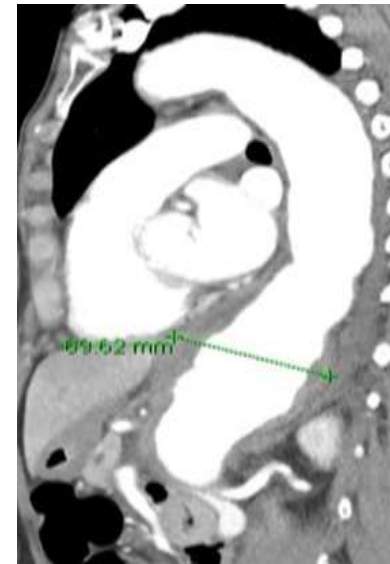
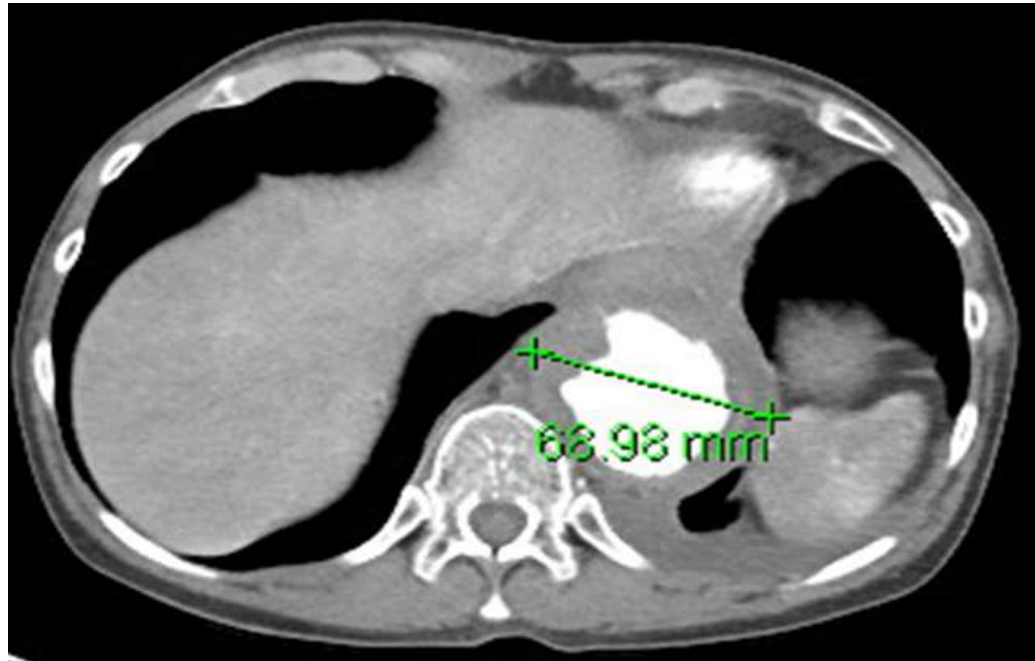
13th International Symposium
on Endovascular Therapeutics

School of Medicine, University of Barcelona
27th to 29th MARCH 2019

Case History

- 66 y/o female with hx of severe back pain
- Diagnosed with Extent I TAAA

- Poor candidate for open repair due to multiple co-morbidities
- Offered endovascular repair using parallel grafts



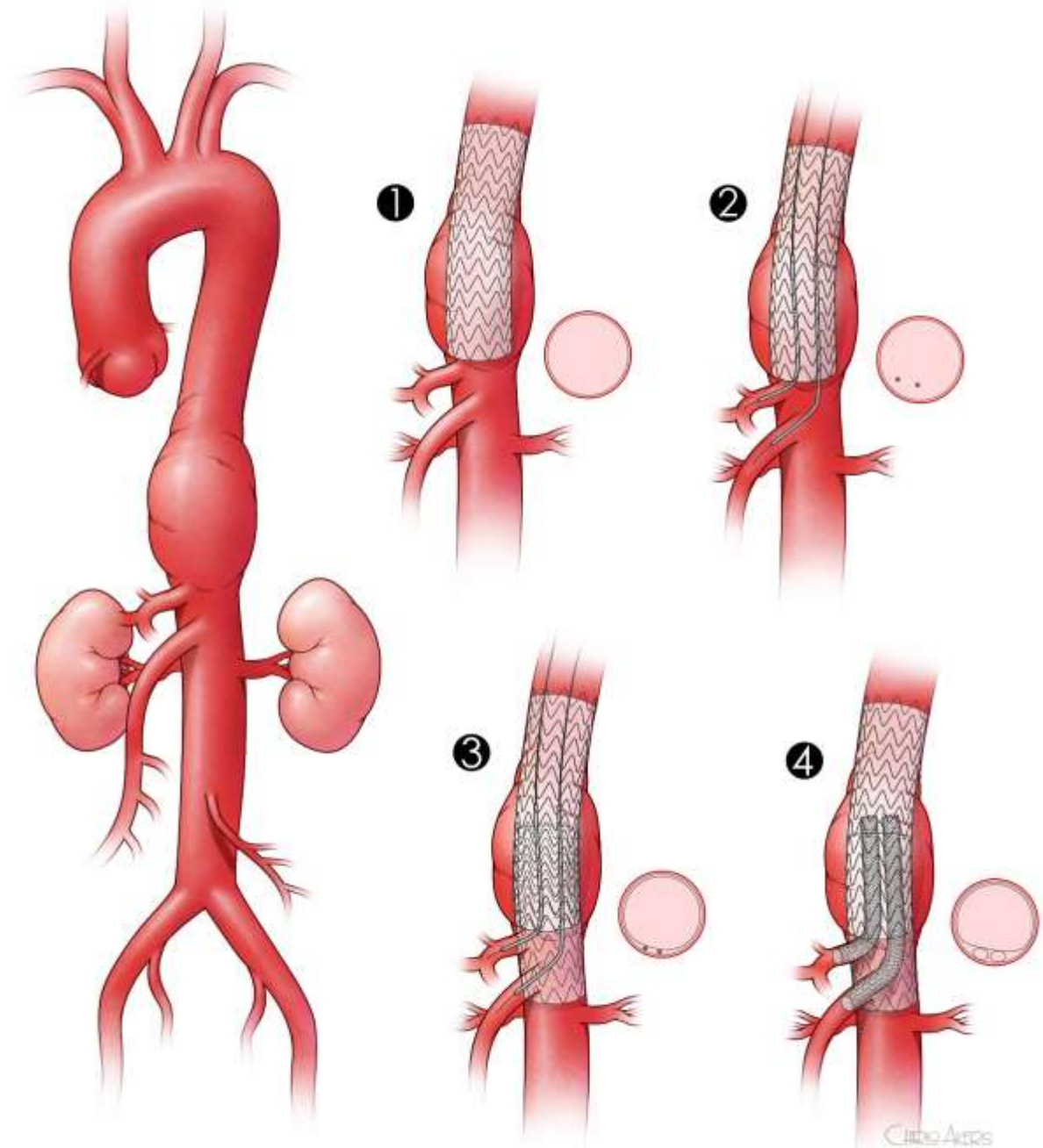
Approach

- Parallel graft technique
- Dual access
- Left axillary conduit
- Open R CFA
- Lumbar drain placement

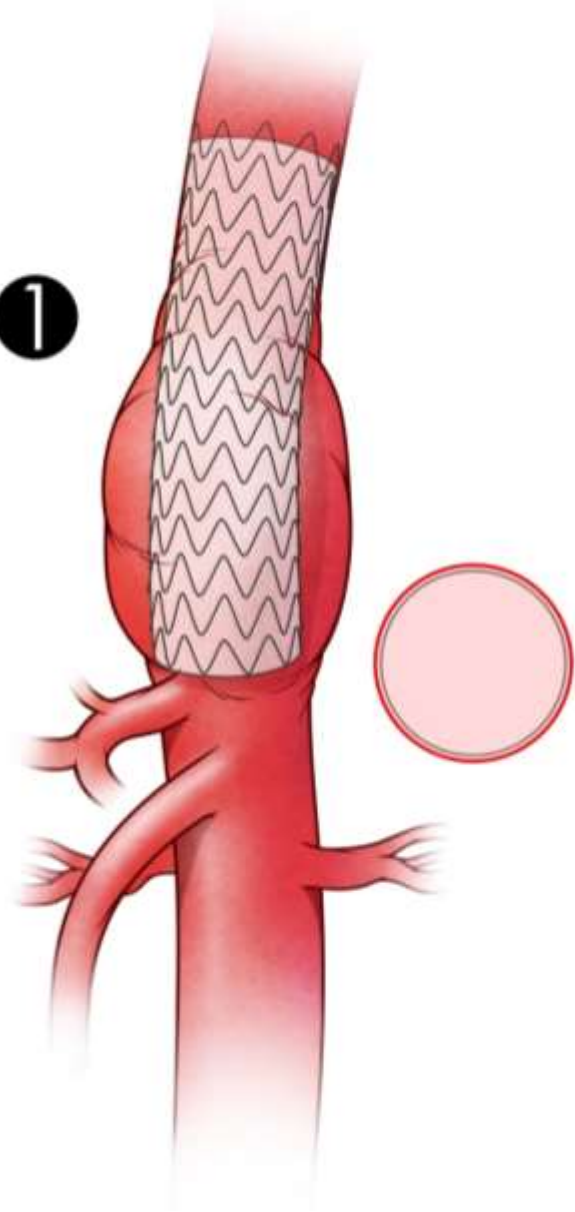


Approach

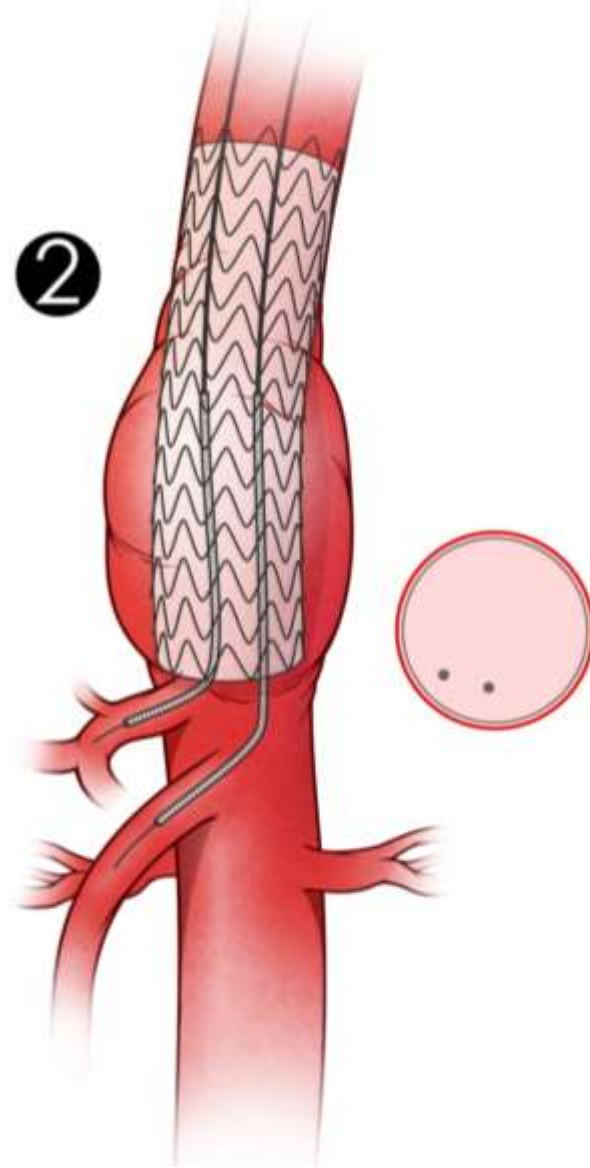
- Parallel graft technique
- Dual access
- Left axillary conduit
- Open R CFA
- Lumbar drain placement



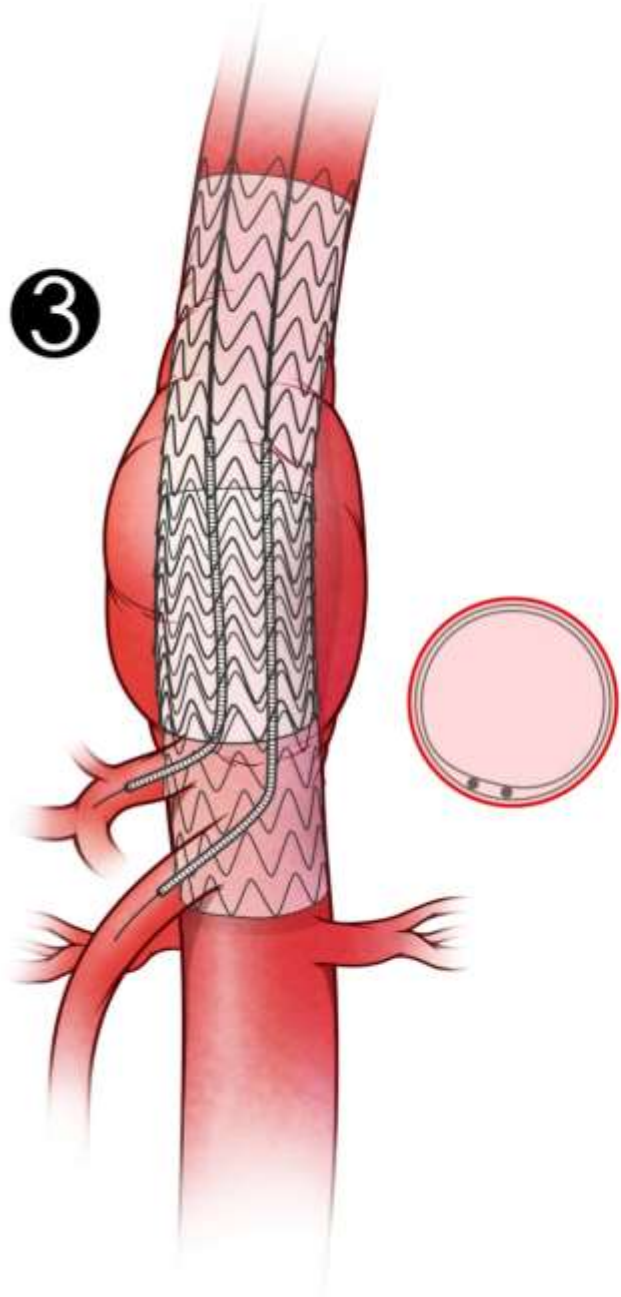
1



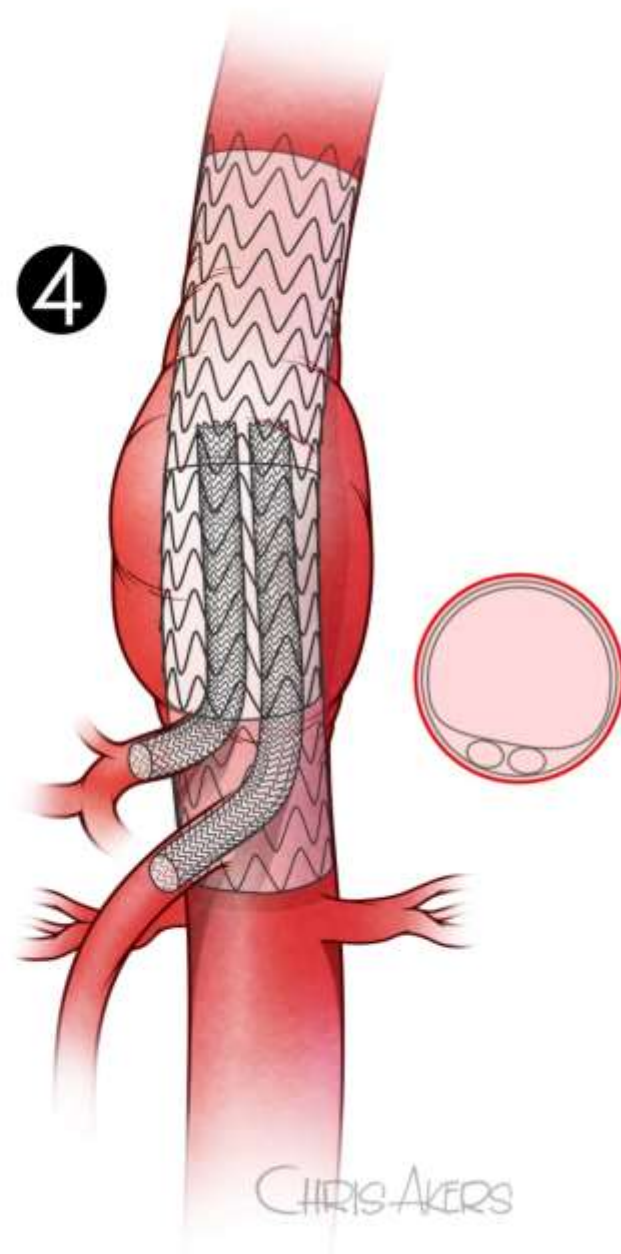
2



3



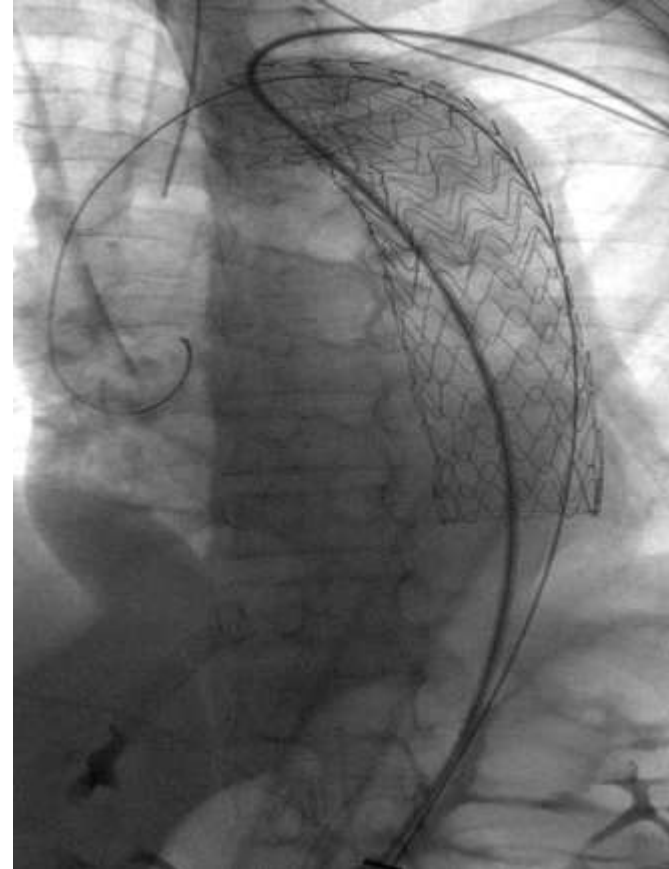
4



CHRIS AKERS

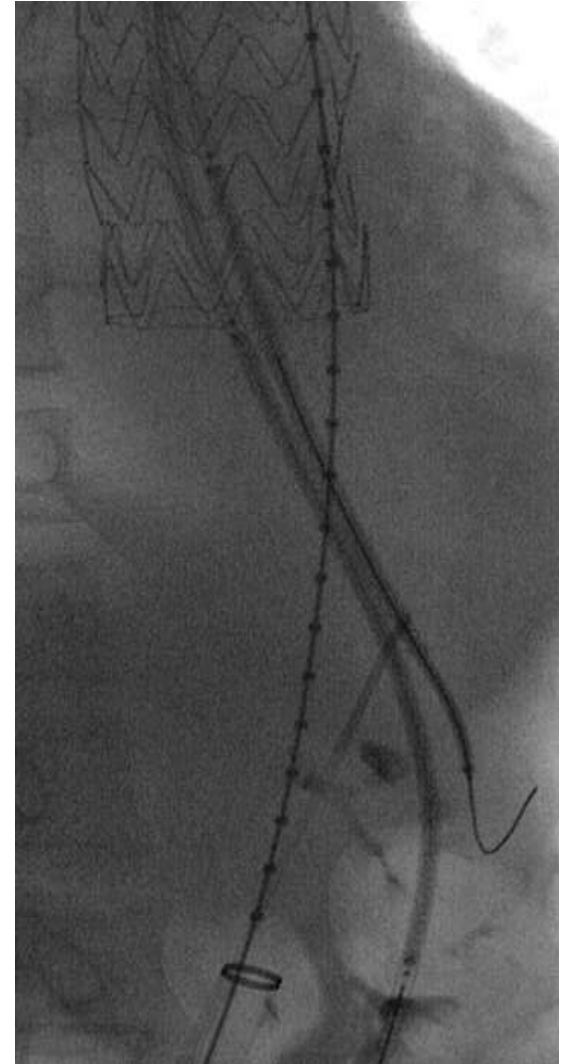
Parallel Graft “Sandwich” Approach

- Proximal Gore CTAG 37 x 20 cm distal to the L SCA



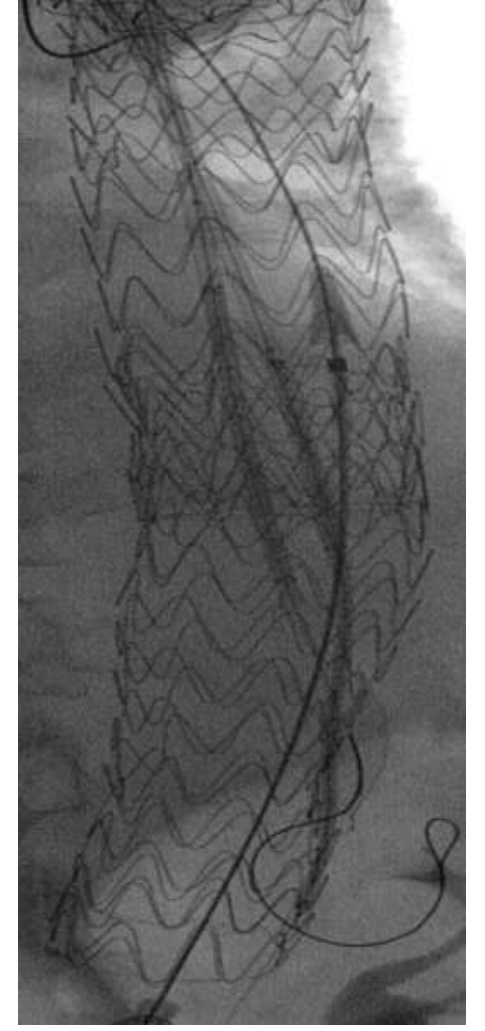
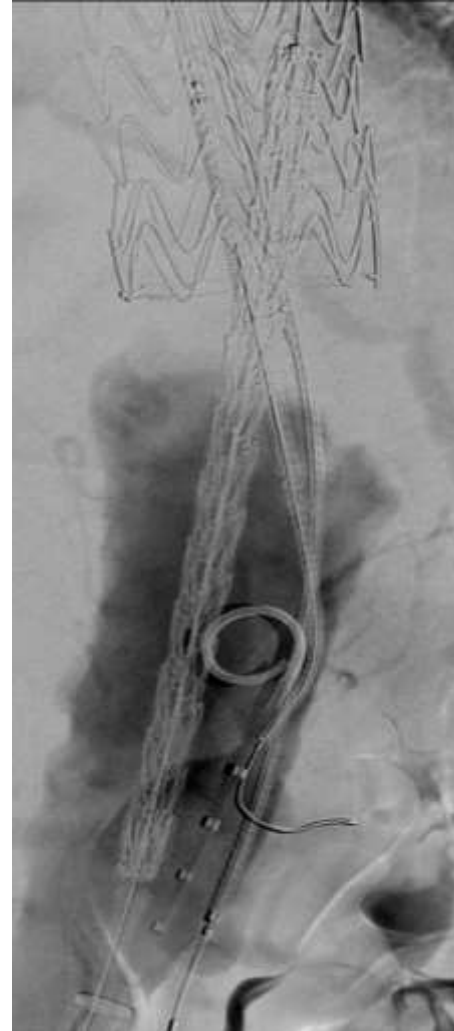
Selective Cannulation of Viscerals

- Advanced Rosen wires into SMA and Celiac
- Pre-positioned stent grafts (8mm x 15mm Viabahns Gore)



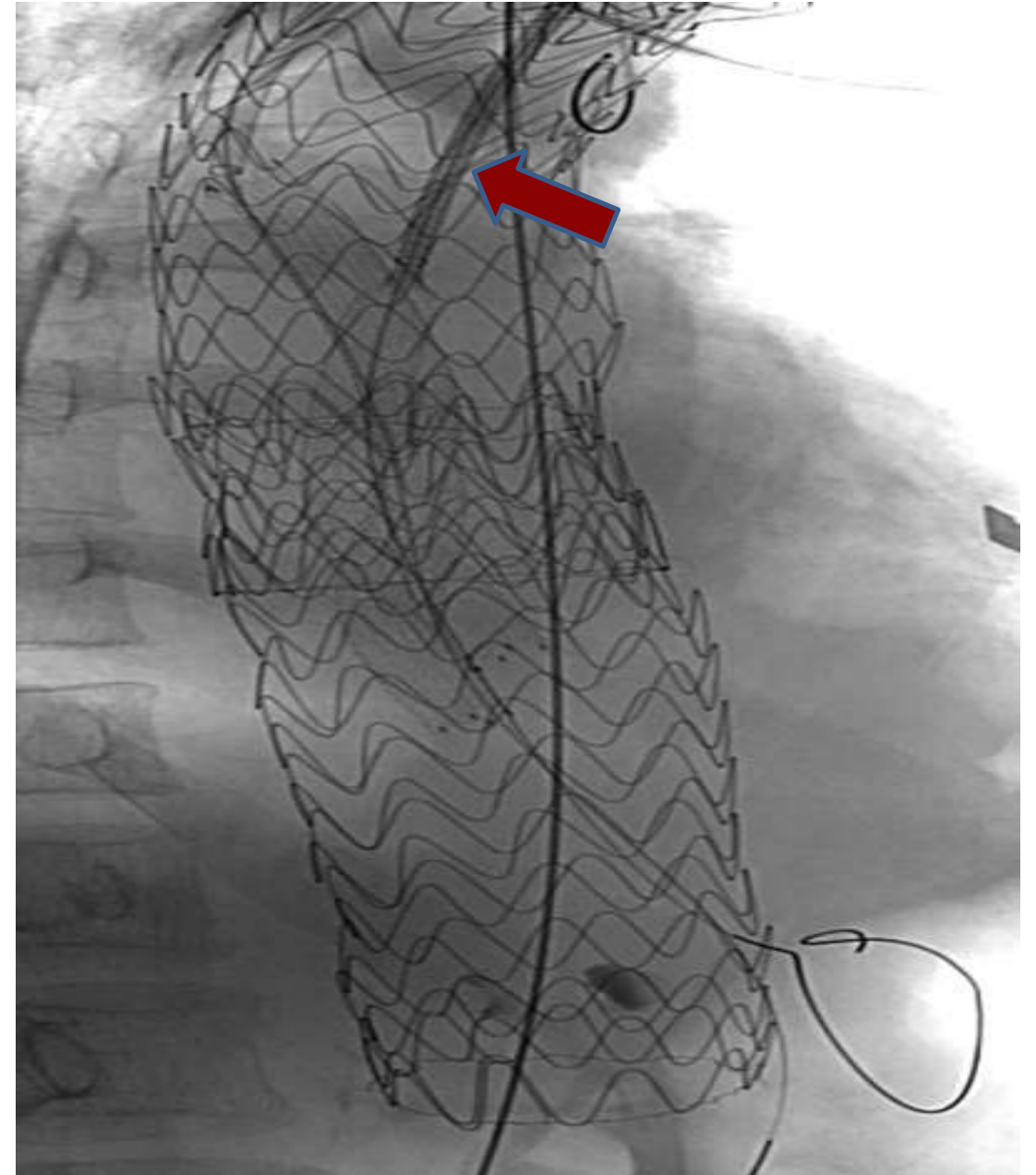
Parallel TEVAR Deployment

- Positioned and deployed second CTAG 37 x 15 cm distal TEVAR above the right renal artery



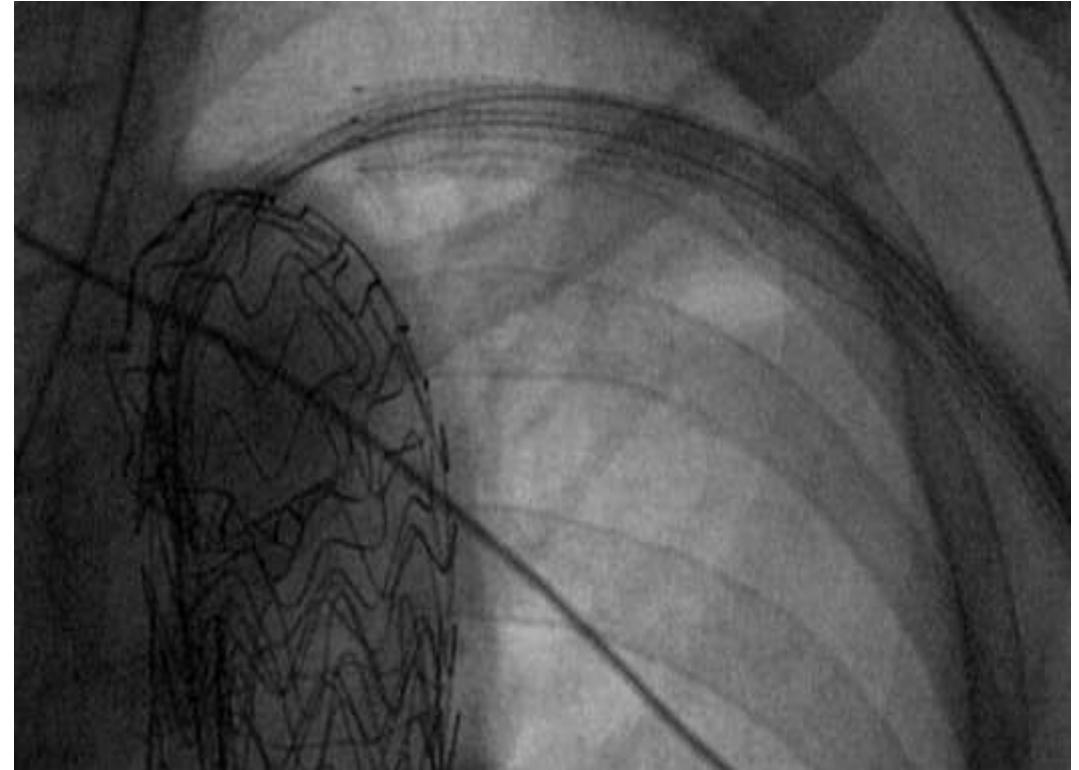
Branch Deployment

- Uneventful deployment of SMA stent graft 8 x 15 mm Viabahn
- Partial deployment of celiac stent graft 8 x 15 mm Viabahn within sheath



Loss of Celiac Viabahn

- Unable to salvage Celiac Viabahn
- Celiac Viabahn retracted, deployed in left axillary artery, with loss of wire access to Celiac



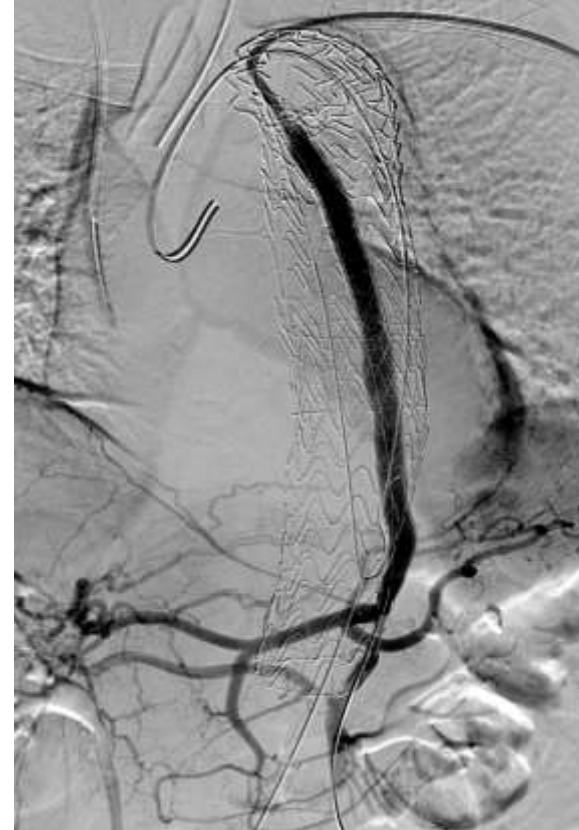
Dislodged SMA Viabahn

- Manipulation of celiac Viabahn dislodged SMA stent graft
- Wire access maintained



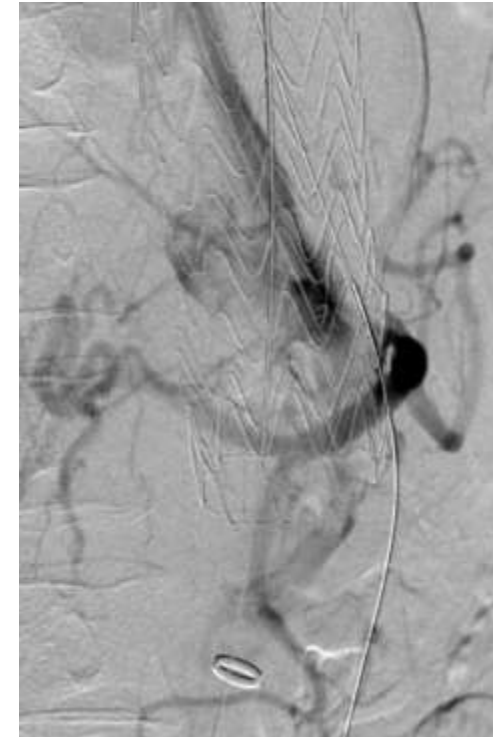
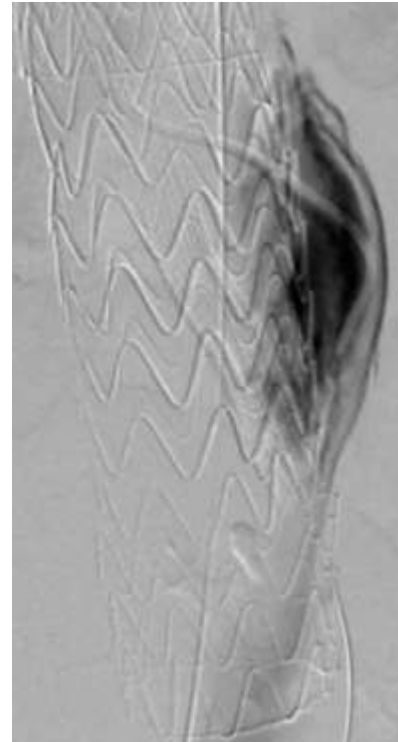
SMA Extension

- SMA Viabahn extension placed using second 8 x 15 mm stent graft



Celiac Reselected

- Wire access between parallel TEVAR stent grafts obtained
- Celiac reselected and a 8 x 25 mm Gore Viabahn stent graft deployed



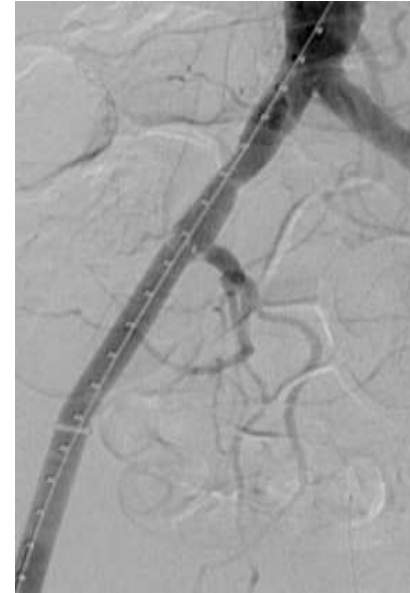
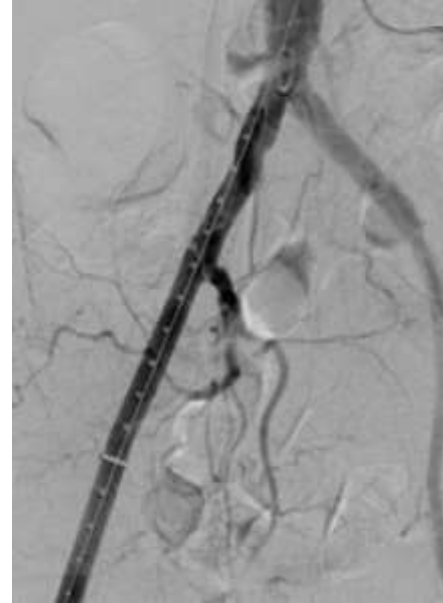
Additional TEVAR

- Final parallel graft placed to seal gutters
- Gore CTAG 37 x 10 cm stent graft used



Right Iliac Focal Dissection

- Completion angio showed R EIA dissection
- Repaired with 10mm x 60mm eV3 Protégé stent

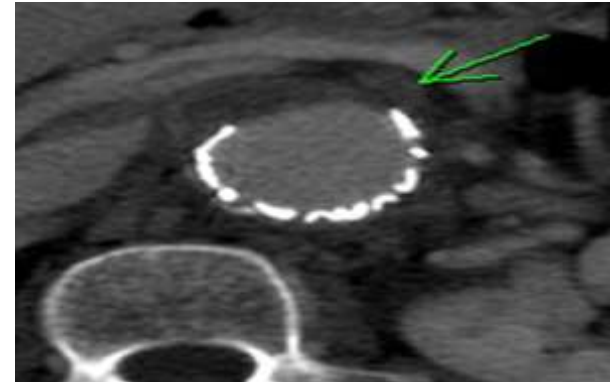
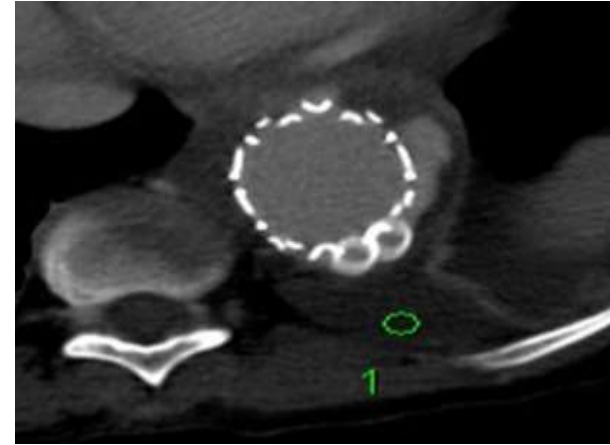


Access Sites Closed

- Right groin access site closed with LeMaitre bovine pericardial patch angioplasty
- Left axillary conduit removed, Viabahn stent partially explanted, and axillary conduit repaired with LeMaitre bovine pericardial patch

Post Operatively

- Pt developed persistent abdominal pain
- CT obtained
- Type 3 Endoleak with component separation of SMA Viabahn



Re-intervention

- POD #7 repeat intervention
- Brachial and right groin access
- SMA re-accessed between parallel grafts
- Third Viabahn placed + PTA



Final Result

- Parallel graft “Sandwich” technique for TAAA repair is viable
- Successful salvage of significant technical error
- This case emphasizes importance of coordination of multiple simultaneous device implantations

