

# Branch Technology Is Superior to Fenestrated Grafts for Short-Necked and Visceral Segment Aneurysms

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Techniques developed to maintain flow to vital visceral branches are mainly: fenestration and side-branch technology. The main problem with all the fenestration techniques is that they can provide good perfusion but poor or no seal, unless one uses covered stents through the fenestration...converting the graft to a side-branched graft!

The principals of side-branch technology are well known since the introduction more than a decade ago of the modular bifurcated grafts in abdominal aortic aneurysm (AAA) treatment. Side-branch technology combines perfusion and seal. Fenestrated grafts have to be tailor made, making them very expensive and time consuming to manufacture. The preoperative work-up has to be extensive and three-dimensional. At implantation correct positioning is difficult and only skilled and specialized teams can achieve acceptable results. Side-branched grafts can come as shelf products as final adjustments to the patient's anatomy can be made by the connecting grafts. There is no interruption of flow to the visceral branches during the procedure.

Preoperative work-up is no different from that in AAA cases. Although implantation cannot be labeled as easy, it is less demanding than the fenestration technique and can be planned by every experienced endovascular group.

Using new designs of side-branched grafts, almost all aneurysms could be treated endovascularly. Fenestration is, in my mind, only a transition in the inevitable evolution toward side-branch technology.