How To Perform PEVAR: Tips And Tricks (Video Presentation)

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Nothing to disclose

PEVAR Technique @ UHZ

• Identify potential troubles on CTA
  – Calcifications, atherome, stenosis

• US aided puncture

• High access site
  – 2 cm above Bifurcation

Local Anaesthesia +/- Analgosedation

Puncture of the artery under US guidance

Skin Incision
Dilatator screwing clockwise through the skin

Suture-mediated Closure System

Cover Drape

Percutaneous access: Why proximal?

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Percutaneous access: Why proximal?

Percutaneous access & the previous graft?

Percutaneous Axillary Artery Access
Take care how to cover the patient

Percutaneous Common Carotid Artery Access
Predilatation with PTA balloon
Percutaneous Common Carotid Artery Access
Ultrasound-guided Puncture

Vessel Navigator to facilitate Access

Tightening the Sutures
Additional tension

Tightening the Sutures
Don’t forget Manual Compression

Tightening the Sutures
Large-bore Introducer Sheaths

Tightening the Sutures
Crossed Clamps
Tightening the Sutures but do not Work
Additional Suture Stitch (1)

Tightening the Sutures but do not Work
Additional Suture Stitch (2)

Tightening the Sutures
Check the pulses

Tightening the Sutures
Check the pulses
Conclusions

- PEVAR (ProGlide) possible and safe in most patients (>90%), but selection (CTA) and successful access (US) are key points
  - Secondary bleeding has not been observed in our experience
    - >200 transfemoral accesses

- Most sealing issues in PEVAR (ProGlide) can be managed without surgical cut-down
  - Proximal femoral access allows relining to cover femoral tear (loose ProGlide)
  - Cross-knotting and/or sealing stitch can generally achieve bleeding control

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