Fenestrated Cuffs Are The Best Way to Treat Persistent Type 1A Endoleaks After EVAR

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Conflict of Interest
• Cook Medical Inc.
  – Research grants
  – Royalties on licensed patents

Treatment of Type IA Endoleak Depends on:
• The design and location of the original stent graft
  – Access to the wall
  – Access to the renal arteries
• Size, shape and location of the implantation site

AneuRx Migration

Problem 1
The trunk is very short
Inadequate overlap with a cuff

Problem 2
The limbs are very tortuous
Position and orientation can be difficult to control

Short Angulated Neck
• Fenestrated repair is difficult to plan and execute
  Re-orientation may be feasible
  • Endoanchors
  • Aortic stents
ENDOLEAK

Endoanchors

The Proximal Stent

- Impaired renal access
  - Especially with fenestrated repair

The Proximal Stent

- Impaired renal access
  - Less so with branches
  - Less so with snorkels

Uncovered Stents

- Also impede apposition to the aortic wall
  - Especially when the stent graft is low
  - More problematic for snorkels
  - Less problematic for branches

Multi-branched Repair Through Uncovered Proximal Stent
**Proximal Stent**

**Dilated Pararenal Aorta**

- Alternatives:
  - Cuff-based branches
  - Fenestration-based branches
  - Sandwich

**What Would Roy Do?**

- The compromised neck
  - High rate of early failure
  - High rate of late failure
- Implant the stent graft in healthy aorta, even if that means doing a more complex repair

**Summary**

- Migration may be a blessing
  - Access to the infrarenal aorta
  - Access to the renal arteries
- A leaky snorkel is almost impossible to fix
- Primary repair is always easier than endoleak repair
  - Especially when using Fenestrations