There were 390 patients (75%) with juxtarenal and pararenal AAAs considered potential candidates for one of the two devices (p-Branch and Ventana). Proximal seal (>15 mm) was achieved in all patients with the p-Branch and in 61% of the patients with the Ventana stent graft \( (P < .0001) \).

The ability to incorporate visceral arteries was greater with the Ventana (90%) vs 61% compared with the p-Branch design \( (P < .0001) \).

Less than a third of patients met strict IFU criteria with Ventana (27%) or p-Branch (33%; \( P < .05 \)). By liberal IFU criteria, 42% of patients were candidates for Ventana and 49% for p-Branch \( (P < .03) \).

Overall, 63% of the patients with juxtarenal and pararenal AAAs were candidates for endovascular repair with one of the two devices.

Between July 2012 and September 2013, two OTS devices, p-Branch and Ventana device, were being evaluated through clinical trials during this time.

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DEBATE: Disadvantages of Off-The-Shelf and Patient Specific Branched Grafts: Parallel Grafts Are Better Solutions
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Off-the-Shelf Fenestrated Stent Grafts
- There were 390 patients (75%) with juxtarenal and pararenal AAAs considered potential candidates for one of the two devices (p-Branch and Ventana).
- Proximal seal (>15 mm) was achieved in all patients with the p-Branch and in 61% of the patients with the Ventana stent graft \( (P < .0001) \).
- The ability to incorporate visceral arteries was greater with the Ventana (90%) vs 61% compared with the p-Branch design \( (P < .0001) \).
- Less than a third of patients met strict IFU criteria with Ventana (27%) or p-Branch (33%; \( P < .05 \)).
- By liberal IFU criteria, 42% of patients were candidates for Ventana and 49% for p-Branch \( (P < .03) \).
- Overall, 63% of the patients with juxtarenal and pararenal AAAs were candidates for endovascular repair with one of the two devices.

Whereas OTS device strategies will reduce the waiting times for patients with complex aortic aneurysmal disease, a significant number will still require custom-made device repair until additional device designs become available.

Early experience with OTS devices does not demonstrate any significant renal risks; however, the treatment numbers are low and should be interpreted with caution until larger confirmatory studies are published.

Further studies comparing the outcomes of these techniques are required to establish the best approach to handle endovascular repair of complex JRA.
A total of 31 JRA patients (60.8%) were regarded as suitable candidates for one or both p-branch stent grafts (20 with option A, 22 with option B, and 11 with both options).

In 35 patients (68.6%), both renal arteries could be aligned with the fenestrations. Among them, 16 patients (31.4%) were perfectly matched, whereas 19 patients (37.2%) were only marginally suitable.

The major reason for exclusion was the misalignment of the renal fenestrations.

In 16 patients with unsuitable renal fenestrations, 8 were attributed to the right renal origins being located too distally compared with their corresponding fenestrations.

The present design of the p-branch off-the-shelf fenestrated graft is feasible for a good proportion of JRA patients in Asia. Further refinement of design may improve the anatomic match, especially a lower right renal artery origin.

Review all published reports on chimney graft (CG) technique involving visceral vessels and investigate the safety and efficacy of the technique.

A total of 15 reports that fulfilled the inclusion criteria.

A total of 93 patients were analyzed.

Out of the 93 patients, 24.7% were operated on in an urgent setting (symptomatic or ruptured aneurysm).

A total of 134 CGs were implanted: 108 to the renal arteries, 20 to the superior mesenteric artery, five to the celiac trunk, and one to the inferior mesenteric artery.

In 57 patients, a single CG was deployed; in 32 patients, two CGs; in three patients, three CGs; and in one patient, four CGs were deployed.

Primary technical success was achieved in all patients.

A total of 13 patients (14.0%) developed a type I endoleak. Three were detected and treated intraoperatively.

Postoperatively, 10 type I endoleaks were revealed, 4 required secondary intervention.

Follow-up of 9.0 months, 97.8% CGs remained patent.

The 30-day in-hospital mortality was 4.3%.

Technical success was achieved in 76 (99%) patients.

Overall, 169 target vessels (121 renal arteries, 30 superior mesenteric arteries, 17 celiac trunks, and 1 inferior mesenteric artery) were addressed with the chimney graft configuration in 111 and the periscope graft configuration in 58.

Over a mean 25 ± 16 months (range 1-121), 9 patients died of unrelated causes.

Nearly all patients (99%) demonstrated a decreased or stable aneurysm size.

Twenty patients had primary type III endoleaks at discharge.

Follow-up, only 3 of these were still present (no secondary or recurrent endoleaks were noted).

Additional endovascular maneuvers were required for CPG-related complications in 13 patients.

Overall, 4 CPGs occluded (98% target vessel patency); no stent-graft migration was observed. Renal function remained stable in all patients.
Collected worldwide experience with use of snorkel/chimney during EVAR for complex abdominal aneurysm

517 patients treated by ch-EVAR from 2008 to 2014 (119 patients in US and 398 in European centers) by prearranged defined and documented protocols

US centers preferentially used Zenith stent-grafts (54.2%) and European centers Endurant stent-grafts (62.2%)

898 chimney grafts (49.2% balloon expandable, 39.6% self-expanding covered stents, and 11.2% balloon expandable bare metal stents) were placed in 692 RA, 156 SMA, and 50 CT

Mean follow-up of 17.1 months, primary patency was 94%, with secondary patency of 85.3%

Overall survival of patients in this high-risk cohort for open repair at latest follow-up was 79%

The global experience with ch-EVAR has proven to be a feasible, safe, and effective way to treat thoracoabdominal and pararenal aneurysms with maintenance of blood flow to the visceral arteries