SMFM is A Better Treatment For TAAAs Than F/BEVAR, Parallel Grafts, Hybrid Repairs & Full Open Repair & Here is The Data

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Disclosure

- Founder of Tulip Endovascular Innovation, Ireland
- Founder of Embricon Endovascular, Ireland
- Founder of Green Medical, Michigan, USA
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Global Registry

- 876 Global
- 350 Patients
- 312 UIFU
- 38 OIFU

Demographics

- Global Registry 350
- Number of Dissections 38
- Male: Female 33:5 (86%:14%)
- Mean Age 61.7±13.9 Years (26 – 86 Years)
- ASA Grade IV

Patients & Methods

- Number of Dissections 38
- Type B Aortic Dissection 35
- Type B + Type A Dissection 3
- Number of Stents Used 101
- Number of Branches Covered 165
  - Innominate Artery 9
  - Left Common Carotid 15
  - Left Subclavian 32
  - Visceral Arteries 109

Type B Aortic Dissection

Virtual Angioscopy
Virtual Angioscopy

Phantom & Type B Dissection

Blood Flow Patterns
Wall Pressure

SMFM for Type A & B Dissection

Blood Flow Patterns
Wall Pressure

Pericardial Window for Peri-Cardiac Effusion

At 12 Months Results Are Superior to INSTEAD, IRAD, ADSORB Studies

SMFM 12 Months Dissection Chart

- No Rupture or Stent Fractures
- No Renal Failure
- No Lower Limb Ischemia
- No Retrograde Type A Dissection

Dissection All Cause Survival
TAAA Type II & III

- Flow Modulators Efficacy is Through Stabilization of The Injured Aorta & It's Unique Combined Effect of Endothelialization & Enhanced Perfusion of All Branches
- It Harnesses our Body’s Innate Physiological Processes To Modulate The Aneurysm With No Risk of Critical Shutting Or Loss of Native Side Branches
- SMFM® has Less Operative Trauma, Shorter Procedure Time with Reduced Hospital Stay

- Flow Modulators Has Better Patient Risk/Benefit Ratio, Improves Quality of Life With No Paraplegia Or Renal Failure In “No Option Patients” With Superior Performance & Safety
- Simplicity, Consistency & Reproducibility
- We Are Beyond The Learning Curve That Allowed Establishing The Indications & Contraindications of SMFM®

Conclusion