Gore C3 Excluder Allowing Graft Repositioning: Advantages And Experience In 200 Patients

Eric Verhoeven, MD, PhD, Athanasios Katsargyris, MD
Paracelsus Medical University, Nuremberg, Germany

Disclosures

– Thanos Katsargyris
  – None

– Eric Verhoeven
  – Consultant & Speaker for Gore
  – PI for Gore C3 study in Europe

Stent-graft

• Stent-graft design unchanged

• New deployment mechanism
  1. Partial opening body & contralateral gate
     • Options to Reposition for level and orientation
  2. Separate Deployment of ipsilateral limb
     • Adjustment for level (IIA preservation)

• Recapturing enables repositioning for level and orientation

Nuremberg Experience

• August 2010 – October 2015
• 200 Patients
• Prospective database

• Preservation of right IIA by readjusting the limb length
Indication for Treatment

- Elective 184
  - AAA** 166
  - Iliac 10
  - Relining previous EVAR 4
  - PAU 3
  - Arteriosclerotic disease 1
- Acute 16
  - Ruptured AAA* 8
  - Symptomatic AAA 7
  - Ruptured iliac aneurysm 1

**Including 3 Ch-EVAR
*1 case: 3 days after TAAA

AAA Characteristics

- Dmax: 58.1 ± 8.1mm
- Neck length: 28 ± 11mm
- 3 single RA Chimney's

Repositioning & Cuff Use

- Repositioning: 89 (44.5%)
  - Total repositioning events: 127
    - 1x 59
    - 2x 22
    - 3x 8
- Cuff Extender: 1*

*in cTAG + C3 Excluder case

Reason for Repositioning

- Closer to RA: 52 (41%)
- Lower to uncover the RA: 20 (15.7%)
- Contralateral gate orientation: 48 (37.8%)
- Ipsilateral limb readjustment: 7 (5.5%)

Closer to Renal Arteries

Uncovering the Renal Arteries
Repositioning Adverse Events

- N=3
  - 2 Ipsilateral limb twist (repetitive reorientation)
    - Limb relining
  - 1 Partial RA coverage (ipsil. limb readjustment)
  - LRA Chimney

Perioperative Outcome

- Technical Success: 98% (196/200)
  - 3 Early Type I Endoleak (disappeared at 1st CT)
  - 1 Intraoperative death (ruptured aorta after TAAAB)

- 30-d Mortality:
  - Elective: 0/186
  - Acute: 2/14
    - 1 Intraoperative death (ruptured aorta after TAAAB)
    - 1 Day 2 due to MOF (ruptured AAA)

Follow-up

Mean: 18 ± 11 months

- No Type I Endoleak
- No Limb Occlusion
- 1 Related Death
  - Aortoenteric fistula and conversion
    (was most probably aortoenteric fistula to start with)

Survival

- 97 ± 1.5% @ 1 year
- 91 ± 3% @ 3 years
Freedom from Reintervention

- 93 ± 2.2% @ 1 year
- 90.4 ± 2.8% @ 3 years

Reinterventions (N=14)

- Type II Endoleak 7
  - Lumbar/IMA Embolisation
- Renal Chimney 2
  - 1 Chimney Restenosis
  - 1 Due to partial renal coverage
- Limb relining due to twist 2
- Conversion (AEF) 1
- Kissing stents 1*
- CFA Pseudoaneurysm 1

* Pt with Aortic Stenosis - PAD

Conclusions

- C3 Excluder in 200 pts - Single center
  - Excellent early results in selected patients
  - Repositioning frequently useful
    - Precise positioning
    - NO need for cuff extenders
  - Excellent mid-term outcome
    - No type I endoleaks
    - No limb occlusions