LSA-Branch Thoracic Endografts: will benefits justify costs?

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DISCLOSURE
Medtronic: consulting, speaking/training

 BENEFITS:
- Preserve LSA
- Avoid additional procedures
- Platform for other branches
- Use of branched endografts

COSTS:
- Complications
- Technical complexity
- Procedure time
- Device cost
Zone-2 TEVAR = 40%

**Preservation of the left subclavian artery in TEVAR by open surgical reconstruction**

**Absolute indications**
1. Presence of left internal mammary artery bypass graft
2. Left upper limb clausus syndrome
3. Presence of right-innominate artery or common carotid right vessel
4. Near coverage (≥70-75%) left innominate in a patient at increased risk of spinal cord injury
   - Patients with inflammatory abdominal aortic aneurysm repair (ie, in a patient with increased risk of spinal cord injury)
   - Bilateral innominate injury
5. Short graft coverage of ≤8 innominate injury

**Relative indications**
1. Dominant left common carotid artery
2. Active patient at risk for left innominate syndrome (typically younger patients with symptomatic left vessel disease)
3. Patient in need of function (SGIE) and due to evidence of greater spinal cord injury risk

**Late intervention**
1. Lifesaving limiting left arm ischemic symptoms
2. Symptoms of embolic/catheter insufficiency (occ.)

**Risks of carotid-LSA bypass:**
- Nerve injuries
- Lymphatic complications
- Stroke
- Death
- 5-10% overall

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