None Of These Open Operations Should Ever Be Necessary:
Endovascular Treatments Should Suffice
For All Aorto-Iliac Occlusive Lesions Needing Treatment:
Tips And Tricks

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NO CONFLICT OF INTEREST


ENDOVASCULAR TREATMENT

COMPLEX AORTO-ILIAC OCCLUSIONS
• TECHNICAL DEMANDING
  (RISK OF FAILURE < 5%)
LERICHE SYNDROME (UP TO THE RENAL)
• RISK OF RENAL/VISCERAL EMBOLIZATION

Key points
1. Preliminary angio CT and duplex (MRI: PDIP-SOS)
2. Antegrade aorto-iliac recanalization
3. Multiple access (brachial ± 1/2 femoral)
4. Wires (terumo standard/stiff)
5. Angioplasty (sub optimal)
6. Stenting (BMS/SG)
7. Femoral artery involvement (endarterectomy)
8. Protective measures: renal, SMA (guide, filters, balloon)
9. Renal artery patency

The CERAB technique: tips, tricks and results


Kim TAYEYANS, Peter GEVERDE *, Katrin AUWERS, Paul VERBRUGGEN
Seven-Year Approach Evolution of the Aortoiliac Occlusive Disease Endovascular Treatment

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BRACHIAL ANTEGRADE RECANALIZATION
Game changer
Technical success 75/80%
Technical success > 98%

• Higher pushability
• Less thrombus dislodgment
• Easier re-entry (No risk of aortic retrograde dissection)

ACCESS
RARELY SINGLE

DISTAL RE-ENTRY
• BERN CATH + TERUMO/TERUMO STIFF
• AFTER SUBINTIMAL RECAN IF NEEDED CHANGE WIRE TO RE-ENTRY
• BALLOONING – RENDEZ VOU TECHNIQUE

....FACILITATE DISTAL RE-ENTRY...

RENDEZ-VOU TECHNIQUE
...RECUPERATE THE WIRE FROM BELOW

CANNULATING THE SHEATH  GOOSE-NECK

OCCLUSION CLOSE TO THE CFA

SFA puncture  DFA puncture

DISTAL RE-ENTRY – CFA LESION

• RECANALIZATION FIRST
• SURGICAL ACCESS
• ENDARTERECTOMY
• ANGIOPLASTY AND STENTING

ANGIOPLASTY

Suboptimal
Avoid!!!
to avoid rupture

STENTING

• BMS ➔ FIRST CHOICE

• COVERED STENT
  ➔ FRESH THROMBUS
  ➔ RUPTURE
  ➔ ASSOCIATED ANEURYSMAL LESION

COVERED STENT
USED FOR ILIAC LESIONS
COVERED STENT BETTER FOR ANEURYSMS

ANEURYSM REPERFUSION AT 3 YRS

RELYNING WITH VIABAHN

IN CASE OF LERICHE SYNDROME OCCLUSION LEVEL IS THE PROBLEM

RELATED TO THE PRESENCE OF RECENT THROMBUS

3 MTHS AFTER

HIGH WITH NO PRECAUTION
2 RENALS
1 VISCERAL

TIPS AND TRICKS FOR LERICHE SYNDROME
RECANALIZATION FROM ABOVE WITH SHEATH INSIDE THE LESION

THE WIRE FROM ABOVE IS EXCHANGED WITH ONE FROM BELOW

RENAL ARTERIES PROTECTION FILTERS

RESCUE

RENAL ARTERIES PROTECTION BALLOONS: BOTH RENALS

SOLITARY KIDNEY → BALLOON!!

TWO SHEATHS FROM ABOVE
RENAL ARTERIES PROTECTION
PROXIMAL ANGIOPLASTY

- Suboptimal to reduce thrombus squeezing (7-8 mm balloon)

RENAL ARTERIES PROTECTION
HUGGING BARE STENTS

- One shot proc 6F sheath < thrombus dislodg

RENAL AA PATENCY

- OpenCell-STENTS ABOVE THE RENALS OR ASSOCIATED RENAL STENTING OR CHIMNEY

RENAL ARTERIES PROTECTION
BALLOON: SOLITARY KIDNEY → CHIMNEY

- OPEN FIRST VIABAHN, THEN AORTIC STENTS

2011 ILIAC STENTING → OCCLUDED
2014 AORTO-BIFEM BYP → OCCLUDED

PREV ILIAC STENTING & AORTO-BIFEM BYP
→ ENDOVASCULAR INTRASTENT RECANALIZATION
PREV IILIC STENTING & AORTO-BIFEM BYP → ENDOVASCULAR INTRASTENT RECANALIZATION

COMPLEX AORTO-ILIAC 246 PTS
JAN 2014 – OCT 2018

TASC C → 101

TASC D → 145

MULTIPLE IILIC STENOSIS
COMMON IILIC OCCLUSION
EXTERNAL IILIC OCCLUSION

LERICHES SYNDROME
UP TO THE RENAL
AORTO-BIFEM OCCLUSION
AORTO-IILIC STENOSIS
UNILAT OCCLUSION CIA+EIA
STENT OCCLUSION
BYPASS OCCLUSION
BILAT OCCLUSION CIA+EIA

ASSOCIATED CFA ENDARTERECTOMY 15 (6.1%)