STABILISE Technique For Treating TBADs
Midterm Results and Precautions

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Disclosure
Speaker name: Jean-Marc ALSAC
• Speaker, Proctor for Educational Training
  - WL GORE & Associates
  - TERUMO AORTIC
  - ENDOLOGIX Inc.
  - MEDTRONIC

Aneurymal Progression After TEVAR

Survival After Endovascular Therapy in Patients With Type B Aortic Dissection
A Report From the International Registry of Acute Aortic Dissection (IRAD)

<table>
<thead>
<tr>
<th>Year</th>
<th>Freedom from aortic growth rate: % change</th>
<th>Freedom from aortic growth rate: % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 year</td>
<td>96.1 (4.2)</td>
<td>86.9 (5.0)</td>
</tr>
<tr>
<td>1/3 year</td>
<td>90.2 (7.1)</td>
<td>82.5 (7.3)</td>
</tr>
<tr>
<td>1/4 year</td>
<td>80.0 (9.0)</td>
<td>50.7 (9.5)</td>
</tr>
<tr>
<td>1/5 year</td>
<td>26.1 (21.8)</td>
<td>26.1 (21.8)</td>
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</tbody>
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What About Petticoat Results?

• Improves TE Diameter & Perfusion
• Does not promote FL Thrombosis (1/3)
• Aneurysmal progression of Visceral Aorta

What about Petticoat?

STABILISE Concept
SOS Aorta Program

- Since 2010 = 8 years > 500 AD
- 60 AD / year (40 type A / 20 type B)
- 1st STABILISE patient in 2014
- 105 Patients Treated with STABILISE:
  - 26 Type A: 12 Acute / 14 Chronic
  - 79 Type B: 64 Acute / 15 Chronic

Faure EM, et al. EJVES Juin 2018
Mid-term Outcomes of Stent-Assisted Balloon-Induced Intimal Disruption and Relamination in Aortic Dissection Repair (STABILISE) in Acute Type B Aortic Dissection.

Faure EM, et al. JTCVS In press Nov 2018:
Stent-Assisted Balloon-Induced Intimal Disruption and Relamination (STABILISE) of distal remaining aortic dissection after Acute Debakey type I repair.

Conformable Stentgraft

- Conform to both proximal & distal sealing zones
- Distal sealing on the whole aortic diameter (TL + FL)
- Useful to use 2 stentgrafts

Limitation to treat Chronic Cases

Diameter of supra-coeliac aorta ≤ 42 mm

Bare Stent Deployment

Balloon Disruption

Immediate Remodeling

Acute Complicated AD

57 yo Ruptured DTA
Immediate Results

- 79 patients treated with STABILISE for TBAD:
  - 73 male, 58 ± 14 y/o
  - 64 Acute / 15 Chronic
  - including 7 Marfan
- 27% Collateral Stenting: 18 LRA, 8 RRA, 2 SMA
- IH Mortality = 2.5%:
  - 2 ruptured TBAD (including 1 paraplegia)
  - 1 Bowel resection
- No Rupture Induced by the Procedure

Midterm Results

- Follow-up for 91% = 16 ± 9 months
- 98% Complete Remodeling to Infra-Renal level
- 89% Free of Reintervention
  - 1 type A dissection (6 weeks)
  - 3 proximal type 1 endoleak = 2 EVAR / 1 OR
  - 2 iliacs Aneurysms (5 & 8 months) = 2 OR
  - 1 LRA stent thrombectomy (7 months)
  - 1 iliac recanalization (3 months)
  - 1 Inter femoral bypass (2 weeks)
- No Mortality during Follow-up

3 years Result

- 63 y/o acute ruptured TBAD patient

Chronic Dissection

- 51 y/o Patient Type A Chronic Dissection 7 years before Aneurysmal Progression at 60 mm
- 23 y/o Marfan patient
Conclusions

• STABILISE technique safe / reproducible
• Efficient to treat acute complications
• Provokes an Immediate & Durable Remodeling
• To Protect from Aneurysmal Progression
• Decrease Overall Mortality During Follow-up

1st Line Therapy for Complicated Acute / Subacute / Chronic / Marfan Aortic Dissections