Tips & Tricks for Performing FBEVAR Without Axillary Access

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Disclosures

- Research support, Consulting
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SUPPORT FROM ABOVE
Catheterization of CT with APTUS

T-Branch for rTAAA
Stroke Risk!

Comparison of Outcomes With Open, Fenestrated, and Chimney Graft Repair of Juxtarenal Aneurysms: Are We Ready for a Paradigm Shift?

- Katsargyris, MD; Kyriakos Oikonomou, MD; Chris Klovoris, MD, PhD;
  Ingolf Töpel, MD, PhD; and Eric L.G. Verhoeven, MD, PhD.

- Meta-analysis of 1725 open surgical, 931 fenestrated-EVAR, 94 chimney-EVAR patients undergoing repair of juxtarenal AAA.
- chimney-EVAR has higher type I endoleak rate (10%) than fenestrated-EVAR (4.3%) (p<0.002).
- chimney-EVAR requires brachial access and manipulation from the arch.
- chimney-EVAR has a higher stroke rate (3.2%) when compared to for open surgery (0.1%) and for fenestrated-EVAR (0.3%) (p<0.01).

Conclusions

- Learning curve
- New tools (steerable sheaths)
- Pre loaded delivery systems
- Radiation protection
- Stroke risk

F-BEVAR

- I (almost) never use access from above!