How To Overcome Difficult Branch Artery Access in Parallel Grafting Techniques: Tips and Tricks

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Disclosures
• None

Axillary Exposure
• Good pushability
• Decreased length to branch vessel
• No conduit needed

Access Path-Arch/Thoracic Aorta

Difficult Aortic Arch
• Right or Left could help
• Leave stiff wire in sheaths as you get them in
• Snare and through and through access if needed
• Sheath position important for cannulation of vessel
  – Allows for appropriate angles to cannulate
  – Catheter lengths and formation
  – Overcoming tortuosity in distal thoracic aorta

Preplanning for the Branch Vessel
• Appropriate C-arm projection before any attempt at cannulation
• Cephalad or Caudal parallel graft
• Tortuosity/Composition of Branch
  – Determine what type of stent to use
    • How much purchase is needed/possible
    • Expectation of how difficult it will be to cannulate with catheter and stiff wire
• Orifice Stenosis
Aortic Configuration

- Tortuosity
- Calcification
- Aneurysmal State
- Thrombus burden
Cannulating the Vessel

- Accessing Vessel
- Coda balloon to prevent caudal reflux of wires/catheters

Wire pinned and catheter inserted

Catheter pinned

Stiff wire inserted
General Tips

• Use appropriate catheters
  – Correct angles

• Utilization of wires
  – Stiff vs standard glide wires
  – Rosen/Amplatz

• 0.035”, 0.018”, 0.014” platforms

Conclusions

• Multiple considerations to optimize cannulation
  – Preplanning
  – Techniques and technology to assist