F/EVAR With The Cook ZFEN Device Plus 2 Chimney Grafts Is A Good Option For Some Pararenal AAAs: Which Ones?
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Complex Aortic Care Has Been A Divided Camp
“fenestrators” VS “snorkelers”

Optimal Outcomes for Parallel Grafts
- 2 cm snorkel length
- Oversize the main body 20-30%
- Downward angled renalas
- Adequate upper extremity access
- Minimal thoracic aortic tortuosity
- Fewer chimneys = better results?
  (92% in PROTAGORAS with 1 or 2 chimneys)

Summary indications for CheVAR technique with the Endurant™ II/IIIs stent graft system

Optimal Anatomy for FEVAR
- Non-diseased orifice of visceral vessels
- Orientation of renal artery WITHOUT severe downward angulation
- Non-angulated aorta in visceral section
- Adequate ilio-femoral Access
Neither Approach is Universal

- Schroeder et al
  - 50-75% of their ChEVAR group could be treated with fenestrated technology

- Scali et al
  - 2/76 failed cannulation during ChEVAR (2.6%)
  - 88% primary patency at 1-year

Many Cases Not Ideal for Either Approach Alone

- One renal ideal for fenestration
- Second renal ideal for ChEVAR
- Visceral vessel origins in proximity to each other

Many Cases Will Not Be Ideal For Either Approach

- Previous renal stents
- Iliac or upper extremity with marginal access
- Narrow calcified aorta in visceral segment
- Previous endograft with short main body

Maximize Each Technique

- Ideologue vs Idealist
  - Do not be a fanatic
  - Maximize the advantage of each approach and customize for each patient
  - Combine techniques
    - Lengthen seal zone
    - Treat more proximal aneurysms
    - Fenestrate the SMA/celiac
    - Chimney bilateral renals