Disclosures

- None

TBAD with Extensive TAAA

Operative Procedure

- Left Car-subclav bypass
- L EIA-IIA bypass
- 38x200 distal to aberrant left VA
- 38x34x150 extension distally
- 28x80x16x40 EVAR with 16mm extension to LEIA (plug LIIA)
- 8x15 viabahns for renals and 9x59 icasts for SMA
- Sandwich with 34x100 extensions

2yr post
Tips and Tricks: Access

- SMA usually easy
- Renals/Celiac can be harder due to angles
- Maintain stiff wire
- Coda balloon

Cannulating Vessels

- Wire pinned allowing catheter and stiff wire exchange

Celiac Artery Management

- Ensure wire into common hepatic artery
- Simpler to cover if collaterals intact
  - GDA
  - May need embolization if covered and endograft does not appose origin

Snorkel Extent

- Adequate purchase into vessel or can pull out into aneurysm
- Proximal extension above endograft fabric to ensure patency
Other Tips/Tricks

• Consider TL space for parallel grafts and endografts
• Preserve internals as they are often involved in the dissection
• Need sandwich technique to shorten parallel grafts
Conclusions

• Parallel Grafting can yield good results in complex aneurysms
  – Techniques can influence outcomes