Disclosure

• Speaker name: Mario Louis Lachat

• No disclosures

CHIMPS for eTAAA TEVAR

8 years FUP

From 95mm to 43mm!

What have we learned?

• Making patient fit for repair
  – Keyword: Patient selection
We have time (mostly)

- Time consuming procedure
  - Planning eEVAR
  - Positioning/CPB
- Lower blood pressure
- Correct/Stabilize homeostasis
- «Only week day surgery»

What have we learned?

- Making patient fit for repair
- Staging the procedure

Dissection & horseshoe kidney
What have we learned?

- Making patient fit for repair
- Staging the procedure
- Hybrid repair

Staged hybrid of contained rCIV repair

- 77 yo patient
- CTA after open repair infrarenal
- Infrarenal repair with handmade xenopericard tube graft
- Transfemoral aortic occlusion with Reliant balloon
- OAT
- CT excluded

What have we learned?

- Making patient fit for repair
- Staging the procedure
- Hybrid repair
- Combining techniques/devices
rPRAA
82 yo male
Occluded CT
Past EVAR for AAA

Combined PG EVAR and BEVAR

Procedure Result

What have we learned?

• Making patient fit for repair
• Staging the procedure
• Hybrid repair
• Combining techniques/devices
• Keeping number of PG low
  – 1 or 2 Chimney and 1 or 2 Periscope

CHIMNEY + HOME MADE FEN FOR URGENT CASES

2 Chimneys maximum

SANDWICH + PERISCOPE FOR ACUTE TAAA

2 fen+1 chimps  1 fen+2 chimps
Combine different configurations:
reduce gutters & avoid kinking!!!
CHIMPS for rTAAA Midterm Results

- USZ patients
- From 2008 to 2015
- Retrospective analysis of NON ELECTIVE TAAA addressed by CPGs

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<td>TOT (%)</td>
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Death @ 30 days: 1 (9%), 2 (18%), 3 (27%), 8 (73%), 6 (55%), 2 (18%)

Conclusions

PROs & CONs

B/FEVAR (T-Branch) vs Ch-EVAR for TAAA

- Standardized technique (Characteristics, Planning, Materials, Procedural Steps)
- Relatively long follow-up
- Companies support
- Versatile technique
- Less access issues
- Less anatomy concerns (i.e., Dist between vessels)
- Better for type 1 TAAA or pararenal
- TI/III EL

Ch-EVAR:

- Technically demanding
- Limited applicability
- Long aortic coverage
- Large profile

- Versatile technique
- Less access issues
- Less anatomy concerns (i.e., Dist between vessels)
- Better for type 1 TAAA or pararenal
- TI/III EL

Specific references:

Silingardi JVS 2018, Gallitto JVS 2017
Schwierz JVS 2014, Lachat 2011
Coselli JCTS 2016, Mourana 2016
Melissano J Cardiovasc Surg 2017
«Inoperable» rTAAA case

77 years old patient
- Contained rTAAA CIII during recovery of acute stroke
- Past open infrarenal tube graft
- Rejected from two tertiary centres
- Unfit for OR
- Unfit for F/BEVAR

«Challenging» anatomy
- Occluded LRA and CT
- Shaggy arch and LSA

Percutaneous transfemoral procedure (2018)
- Periscopes RRA and SMA
- TAGs LV6 3-TVB 8
- 90° procedure

Anti-gutter Horizon Pro (Endospan)

Uneventful recovery

The zero GEL solution