Male 87 Y.
Ruptured TAAA
Hematothorax right side

Comorbidities:
Art. Hypertension
CAD
Renal Impairment

Situation:
Pt referred from another hospital after phone call and
information: ruptured TAAA Type 1 hematothorax
right side but hemodynamically stable.

One hour later pt arrived awake but hemodynamically
instable without the imaging.

Decision: Immediate transfer into the hybrid-OR.

Plan: Thoracic EVAR with a large (46mm diameter)

Procedure:
Percutanous approach through the right
groin. SF Sheath left groin for imaging.

Quick placement of Zenith Alpha ZTF-P-
46-233 above the
celiac trunk and bleeding control.

Removal and drainage of hematothorax
right side in order to facilitate ventilation.

Proximal and distal extension of the
endograft to secure and improve the
sealing.

Cut down right CFA and suture of the
access.
Ruptured post-dissection TAAA

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Complex Cases from Muenster - Germany -

Male 84 Y.

Ruptured post-dissection TAAA
Hematothorax right side
- TEVAR for type B dissection
some years ago

Comorbidities:
Art. Hypertension
CAD

Off-The-Shelf mBEVAR for TAAAs

Off the shelf:

T-BRANCH: Launched 9/2012

T-BRANCH (COOK) Unibody

22 mm
222 mm
81, 98, 115, 132 mm
34mm
202 mm
Complex cases from Muenster

Male 84 Y.

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Complex cases from Muenster

Male 84 Y.

Closure of the femoral access

Male 84 Y.

Bridging SMA

Male 84 Y.

Bridging RRA

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Male 84 Y.

Bridging SMA

Male 84 Y.

Bridging RRA
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**Male 84 Y.  Bridging CT**

16.11.2018

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**Male 84 Y.  Fenestration of the membrane**

16.11.2018

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**Male 84 Y.  Bridging of the LRA**

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**Male 84 Y.  Final result**

16.11.2018

**Complex cases from Muenster**

**Procedure:**

- **Cut down** axillary artery left side. Angio of the true lumen.
- **Prostar XL** both groins. cannulation of the true lumen.
- **Quick Placement** of the thoracic extension. 4 branched T-Branch, unibody and iliac limbs. **Postdilatation** to create lumen
- **Bridging** of the branches to the target vessels: SMA (Advanta 6x59/6x60 Smart flex), RRA (Advanta 6x39/Viabahn 6x50), Dissected CT (Advanta 6x59/ postdilation 10x20).
- **Fenestration** of the membrane to access the LRA and bridging (Advanta 6x59/lining 6x40 Entrust).
- **Removal** and drainage of the hematothorax next day.

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Complex cases from Muenster

**Take home message**

Endovascular repair is a very good option also for complex aortic ruptures. (Need: Materials in stock).

Keep the acute repair as simple and short as possible and come back if necessary.

Keep the blood pressure low until the bleeding is stopped.

Keep the iliac occlusion time as short as possible to avoid SCI.

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Thank you for your attention!