Update On Total Endovascular Arch Repairs Using Cook Multibranched Devices

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Disclosures

- Research support, Consulting
  - Cook Medical, GE Healthcare, Bentley
Inner Branched Arch Endografts following Ascending Open Repair

- 70 patients
- 100% prior acute Type A Open Repair
- In-hospital combined mortality and stroke rate was 4% (n=3)
  - one minor stroke, one major stroke causing death, and one death following multi-organ failure.
- Technical success rate was 97%

Reduce Stroke Risk

PROXIMAL SEAL - No Compromise!

- Prox neck length > 25mm
- Asc Aorta diam < 38mm
Inner Branched Arch Endografts following Ascending Open Repair

- 70 patients, prior acute Type A Open Repair
- Median follow up: 301 (IR, 138 - 642) days
- 20 (29%) patients underwent secondary interventions:
  - 9 for endoleak correction
  - 10 distal extensions to the thoracic or thoracoabdominal aorta

Distal Seal in Chronic Dissections?

- Perfusion and pressure unchanged in false lumen
- Presence of Intercostals originating from false lumen
- False lumen back flow to Intercostals

False Lumen Occlusion

Candy plug Deployment
CANDY PLUG IN FALSE LUMEN
**Off the Shelf?**

- METHODS: retrospective analysis of all (n= 286) custom-made aortic arch branched endografts implanted between 2013 and early 2018 provided by the Cook Planning Center (Cook Medical, London, UK)

**Off the Shelf?**

- Five standardized off-the-shelf endografts can cover a majority of aortic arch anatomies
- Option for acute cases
- Reduce sizing/manufacturing process

**Off Pump Wrapping Ascending Aorta**

**Teflon Wrapping of the Aorta**
Conclusions

- Patient selection
- No compromise landing zones
- Staged procedures

CONCLUSIONS

- OTS device
- High volume centers performing both techniques