Technical Tips To Improve Or Increase the Use And Safety Of The COOK t-Branch Off-The-Shelf (OTS) Device For TAAAS

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CONFlicts

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Technical Tips To Improve Or Increase the Use And Safety Of The COOK t-Branch Off-The-Shelf (OTS) Device For TAAAS


Ferreira M. ; et All.
A Standardized Multi-Branched Thoracoabdominal Stent-Graft for Endovascular Aneurysm Repair

WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

“T-Branch”
Concept: One size fits all.
Technical Tips To Improve Or Increase the Use And Safety Of The COOK t-Branch Off-The-Shelf (OTS) Device For TAAS

- **t-BRANCH** - **OTS** - **DEVICE X CMD Steel Graft**
  - Waiting time for planning and import. (IT’S AN ISSUE IN BRAZIL)
  - ACCOUNT THE Risk of Rupture ??? IS RELATIVELY LOW!
  - J. Coselli > 2,500 cases - only 9% emergencies!!
  - Delay in insurances authorization!! 30, 60 or even 90 days in BRAZIL!!
  - Complexity of anatomy / New ideas or solutions requires prototypes. (requires extra wait time)
  - Waiting time for clearing at the CUSTOMS and “The ANVISA” our FDA.

• T-Branch • Key Points

1. **Size and Measurements Of the t-BRANCH**
   - 202 cm total length.
   - 34 mm proximal diameter.
   - 18 distal diameter.
   - Seven centimeters from the End of the Kidney branches.
   - **NOTE: LEAVE THE MINIMUM OF 3 CM BRANCH from the target artery**

2. **Planning the T-Branch** takes 5 minutes!!
   - Start deployment 2-3 cm above the branches (Road-map, catheter, image fusion).
   - Deployment: Complete X Staged: Staged for narrow Aortas/dissections
   - Lower limb ischemia time "how easy is each branch catheterization.
   - We prefer Almost always staged leaving one limb w/o any sheath!!
   - After the CT and SMA we complete one iliac and close the femoral artery
   - REDUCES THE ISCHEMIC TIME OF LIMB ISCHEMIA ½.
   - FINALLY WE DO THE RENALS AND THE CONTRA LATERAL ILIAC (that can varies from patient to patient)

3. **Diameter reducing ties**
4. **Proximal**
5. **Distal**

"BASIC TECHNIQUE"

"SPEICALLY TRUE FOR AORTIC ANEURYSMS"
**Technical Tips To Improve Or Increase the Use And Safety Of The COOK t-Branch Off-The-Shelf (OTS) Device For TAAAS**

**SPECIAL BAIL-OUT MANOUVERS**

- "Driven by the sheath"

**DDBTS**

- It avoids contact of the new graft with previous ones
- It facilitates graft migration trough Aortic curves
- It avoids touching aortic Thrombus "Shaggy Aorta"

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**SPECIAL BAIL-OUT MANOUVERS**

- **SNARE-RIDE TECHNIQUE**

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**Clinical Investigation**

**Anatomical Suitability of the T-Branch Stent-Graft in Patients With Thoracoabdominal Aortic Aneurysms Treated Using Custom-Made Multibranched Endografts**

Torelli’s group Conclusion

The applicability of the new t-branch device in our study cohort is very promising, with half of our patients suitable for implantation at present.

By performing adjuvant procedures, the suitability could be expanded up to nearly two thirds of patients.

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**Possible table modifications**

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**A challenge case with a new TAA above a previous infrarenal device TREATED WITH A MODIFIED T-BRANCH**

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**Modification done**
CRITICISM

The amount of Descending Aorta covered and the Potential to Medullary Ischemia or the instability of the device

Hand made modifications of the T-Branch to diminish Aortic coverage
Preserving the structural construction of the device

T-Branch with Back Window (1or2)

Comments on T-Branch - Personal Perspective
• The T-Branch device will replace the majority of CMD devices, especially in emergency situations.
• Our goal or expectation is to be able to cover about 70% to 90% of cases, depending on the surgeon's experience.
• It can be considered a breakthrough in the endovascular treatment of TAAAs, although special cases with "hostile" Anatomy still require special CMD projects.
• First case in Brazil 08/19/2014 - 05 years ago!