



Value Of Parallel Endografts In The Management Of TAAAs And Other Aorto-Iliac Pathology: Why Do They Fail And How To Make Them Work

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Disclosures

- Consulting: Intellectual Property




Multiple Failure Modes

- Proximal Neck Failure
- Gutter Leak
- Branch Vessel Occlusion
- Device Integrity
- Device Separation
- Distal Endoleaks
- Branch Vessel Migration
- Etc.

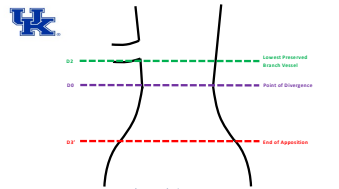
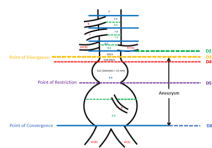


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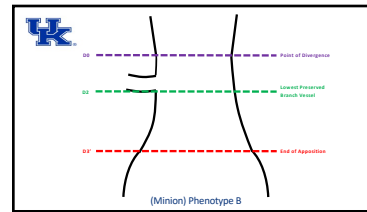
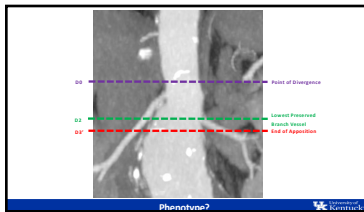
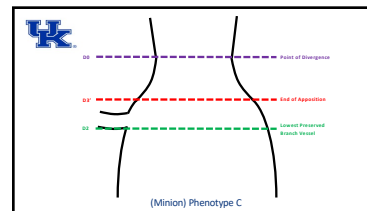
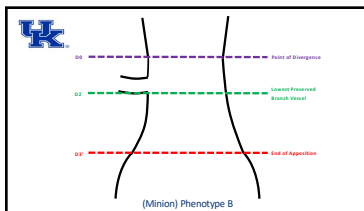
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The Minion Point of Reference System



(Minion) Phenotype A

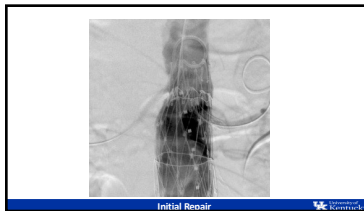


Guiding Endovascular Therapy

Phenotype A	Phenotype B	Phenotype C
Standard EVAR	Complex EVAR	Ultra Complex EVAR
-Complex if LPBV to EOA < 10 mm	-FEVAR	-Branched Graft
	-Parallel Grafts	

Guiding Endovascular Therapy

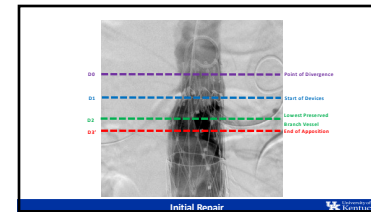
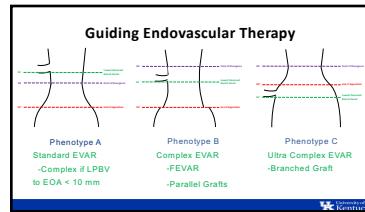
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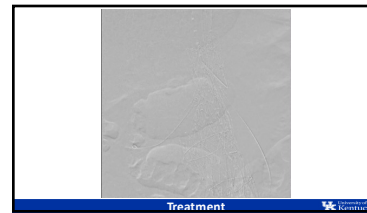
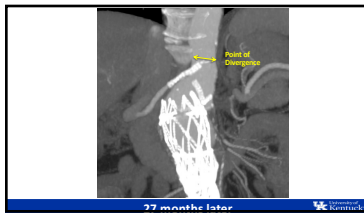
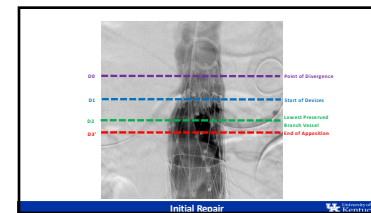
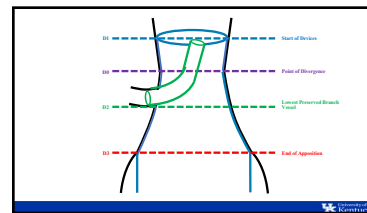
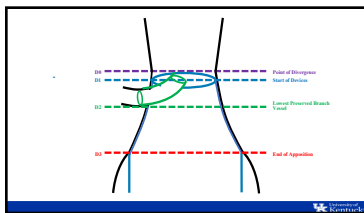
- ### Minion's Rules for Repair
- Extend the Repair Proximal to the Point of Divergence
 - Don't Cross Critical Apposition Zones with Parallel Grafts if You Can Help It
 - Generous Use of Eye of the Tiger Molding
 - Mandatory IVUS of all treated branch vessels.
 - Adjuvant reinforcement of branch stents
 - Kinking/Compression on IVUS
 - Crossing of Parallel Grafts
 - Solitary Kidney or Mesenteric Supply

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Summary

- The Point of Reference system can be used to improve patient selection and guide therapy for aortic aneurysms.
- For durability, the goal for therapy should be to extend the repair proximal to the Point of Divergence.
- Parallel endografts likely have their best "value" in Phenotype B anatomy by allowing improved durability with minimal risk of gutter leak.