



Endovascular Aortic Arch Repair with double In-Situ Fenestration with the Ankura Graft after failed TEVAR

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Disclosures

- Travel expenses, Consulting honoraria through Lifetech


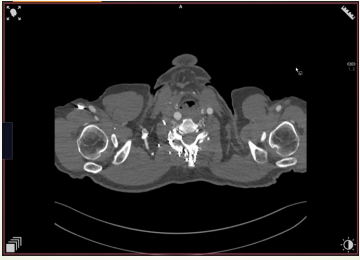


Clinical History


- 70 Years old Male
- COPD
- AH
- 2015 True Lumen Stenting for type B Stanford Aortic Dissection
- Stenting of the collapsed left common and external iliac artery
- Now type IA Endoleak with development of a post-dissection aortic Arch Aneurysm in Zone 1-2



Preoperative CT-Scans



Materials

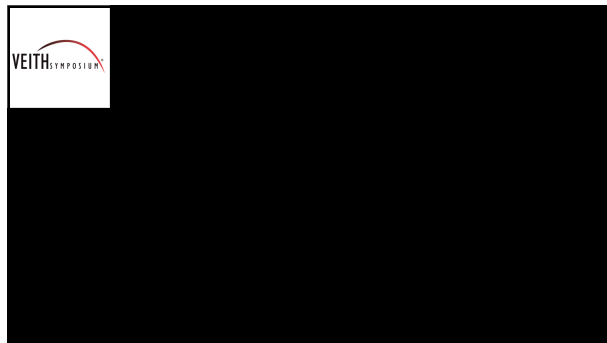

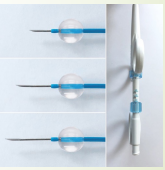



Tip capture mechanism
allows for atraumatic capture of the graft during deployment

Apparent 0° aortic angle
allows for atraumatic capture of the graft during deployment

Connecting bar on the outer curvature
allows for atraumatic capture of the graft during deployment

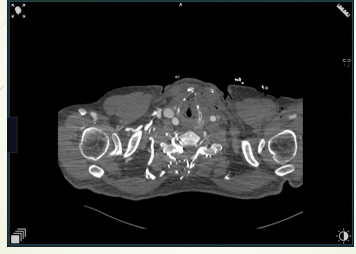
PTEE layers to control the porosity
allows for atraumatic capture of the graft during deployment



Intraoperative details

- Radiation time 27.6 min.
- Radiation dose 6508.6 MicroGym2
- Contrast medium volume 87 ml

Postoperative CT-Scans



An axial CT scan of the thorax, showing the surgical site. The scan is in grayscale and shows the bony structures of the ribs and spine, as well as the soft tissue structures of the lungs and mediastinum. The surgical site is visible as a dark area in the center of the image.

Post-Operative course

- No intra-operative complications
- 48 hours at the ICU
- MAP >80 mmHg, Hb >10 g/dl
- Discharge am 7. day

Clinical Result

- No post-operative major adverse events
- No neurological deficits
- Discharge at homo at 6th post-operative day
- Double antiplatelet regime for 3 months

Thank you!!!



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