



Bidirectional Branch For Complex AAA



LUND
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Vascular
Center
Malmö
Sweden

Disclosures / Conflict of Interest

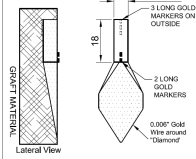
- Proctor, IP, Research collaboration and/or Speaker:
 - Cook Medical
 - Angiodroid
 - Boston Scientific
 - Gore
 - Medtronic
 - Siemens Healthineers

Inner Branches (iBEVAR)

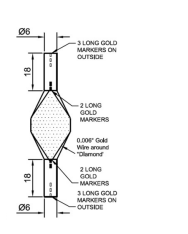
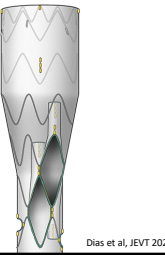
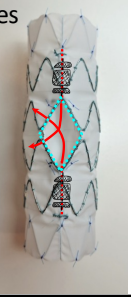
SIDEBRANCH 1, 2 & 3

INTERNAL LOW PROFILE SIDEBRANCH
with STRAIGHT NITINOL WIRE



Lateral View


Bidirectional Inner Branches

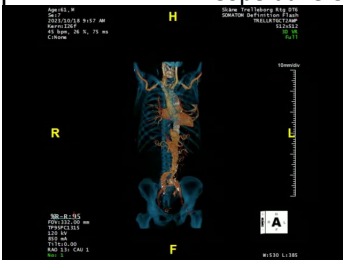
Dias et al, JEVT 2022

Chronic type B dissection

- TEVAR with LCC-LSA bypass + False Lumen Plug
- Retrograde type A dissection with open Repair
- Open AAA repair
- Incisional Hernia Repair
- Type V TAAA 7.7 cm



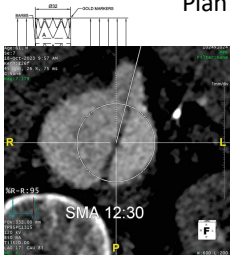
Preoperative CTA



Anatomic issues:

- Small true lumen
- Long dissection on the SMA
- RRA from te false lumen
- Upwards going LRA

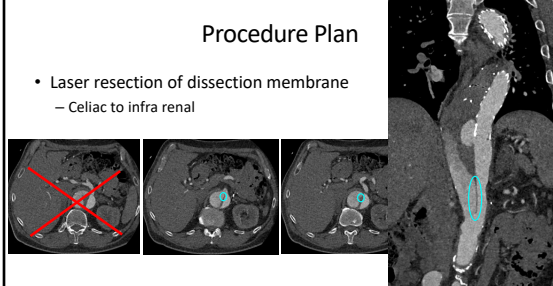
Plan BEVAR

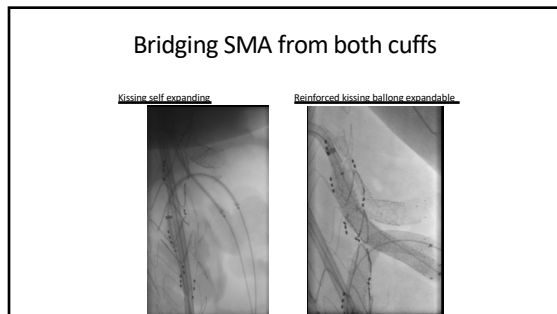
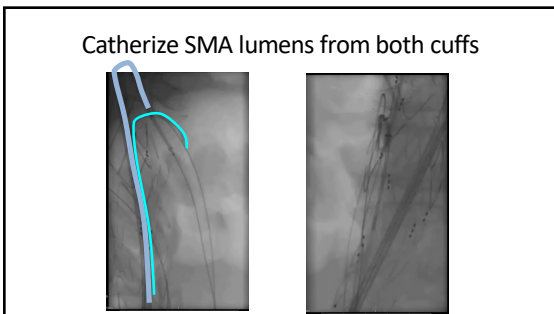
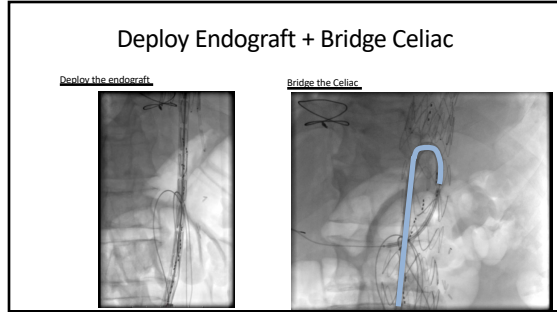
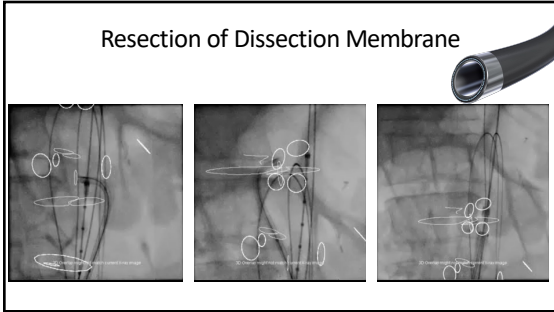


SMA 12:30

Procedure Plan

- Laser resection of dissection membrane
– Celiac to infra renal

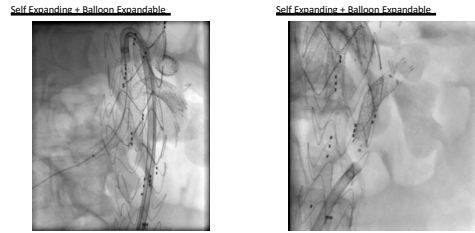




Bridging SMA from both cuffs



Bridging the renals

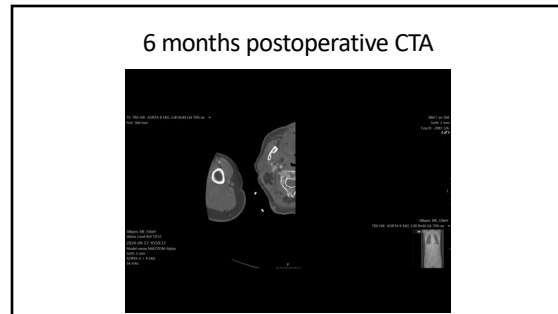
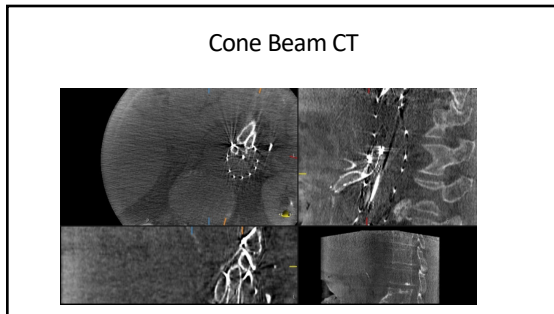


Completion DSA



Completion DSA





Conclusion

- Bidirectional Branch allows BEVAR in complex anatomies
- Reinforcing the Crossing of the stents with kissing technique seems to be important
- Results are promising but still limited
 - 23 pts with 25 bidirectional branches (50 cuffs)

