



How Can the VORTEC Technique Be Used To Simplify Hypogastric Revascularization With Open Repair Of Difficult Iliac Aneurysms: How To Do It

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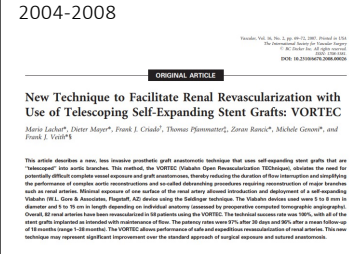
Disclosure

Nothing to disclose to this topic



First paper on VORTEC technique (2007)

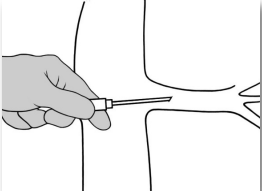

2004-2008



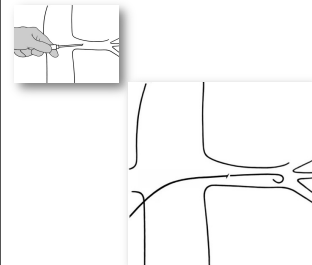

**Viabahn  
 Open  
 Revascularisation  
 TEChnique**

Challenging vessel access:  
 - Difficult access  
 - Scar Tissue

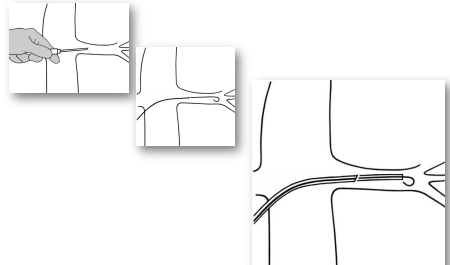

Description of the VORTEC technique: No clamp

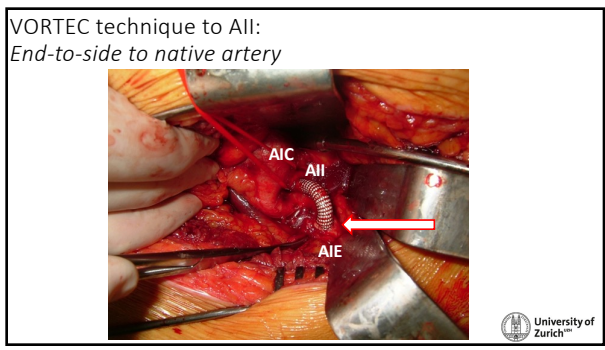
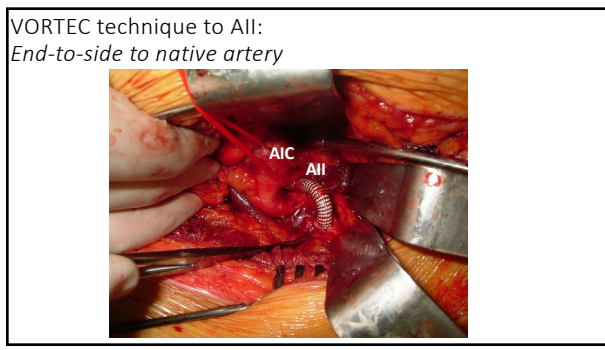
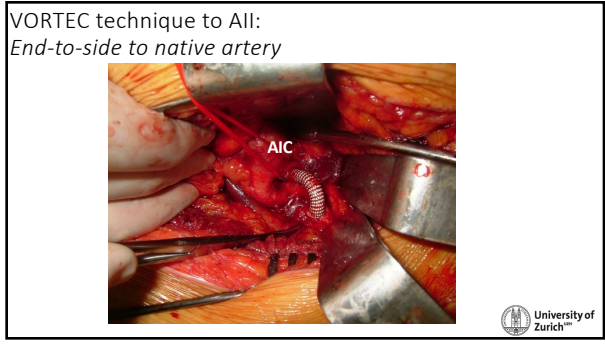
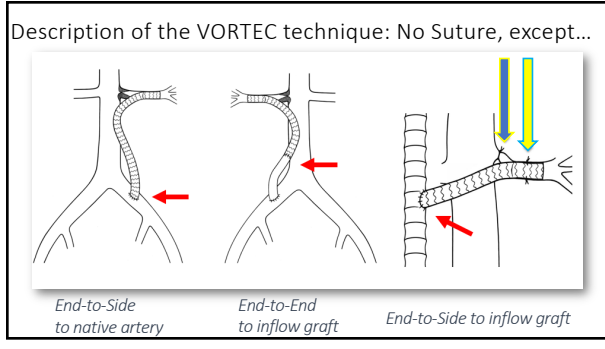
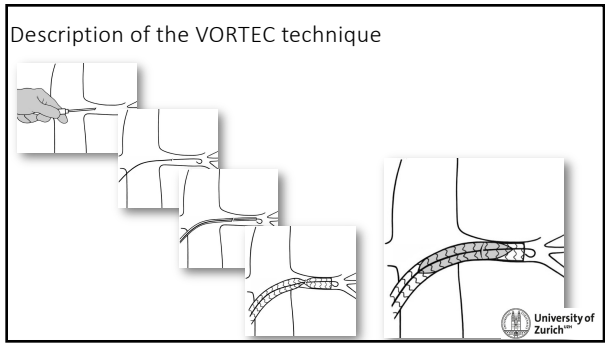
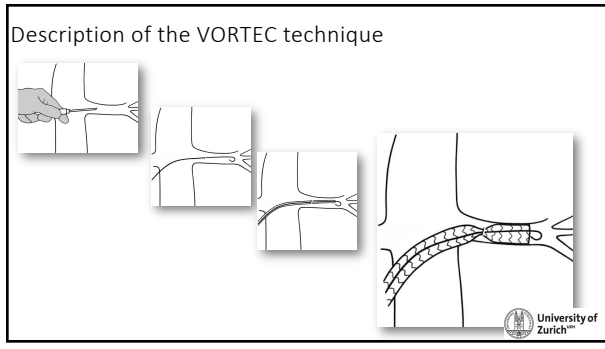



Description of the VORTEC technique


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STAT- VORTEC modified technique  
Sutureless Telescoping Anastomotic Technique  
2005


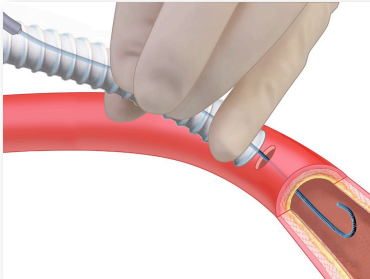
Interposition graft




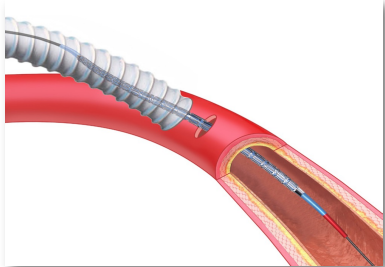
Viabahn®




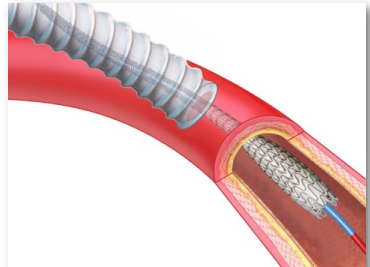
STAT: Modification of VORTEC technique




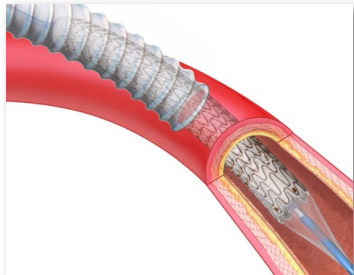
STAT: Modification of VORTEC technique




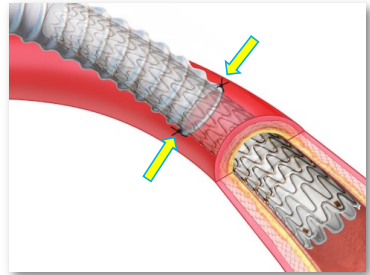
STAT: Modification of VORTEC technique

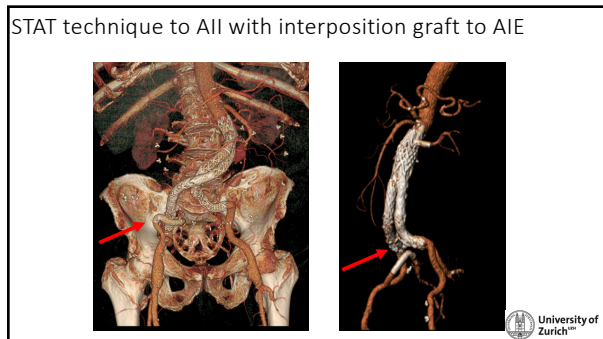
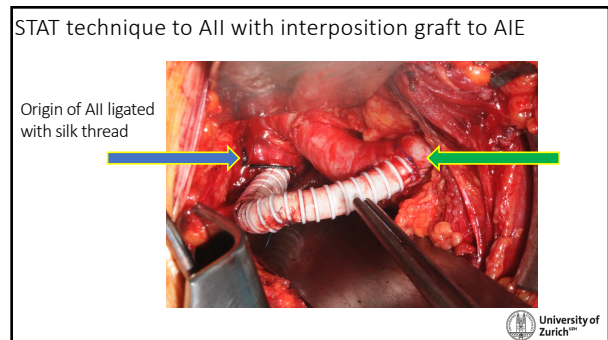
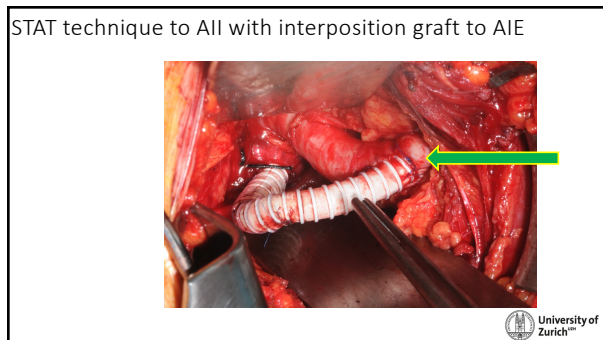
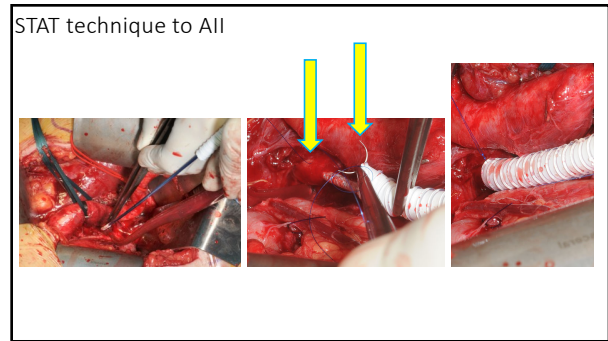
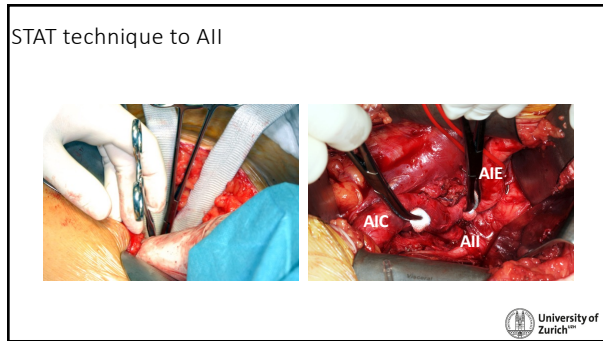


STAT: Modification of VORTEC technique



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Patients (53) 2009-2013  
Associated diseases and risk factors

Male sex	50/53
Mean age (range) in years	71 (53-85)
Cigarette smoking	38/55 (70%)
Ischemic heart disease	19/53 (36%)
Dyslipidemia	30/53 (57%)
Arterial Hypertension	38/53 (72%)
Respiratory Insufficiency (COPD)	33/53 (62%)
Diabetes mellitus	7/53 (13%)
Previous EVAR	4

University of Zurich


**Patients (53)**  
**Aneurysm characteristic**

True aneurysm (atherosclerotic)	50
Chronic dissection	3
AAA + CIA Aneurysm bilateral	22
AAA + CIA Aneurysm unilateral	20
CIA Aneurysm bilateral	6
CIA Aneurysm isolated	2
TAAA (Crawford II) + bilateral CIA Aneurysm	2
TAAA (Crawford III) + bilateral CIA Aneurysm	1




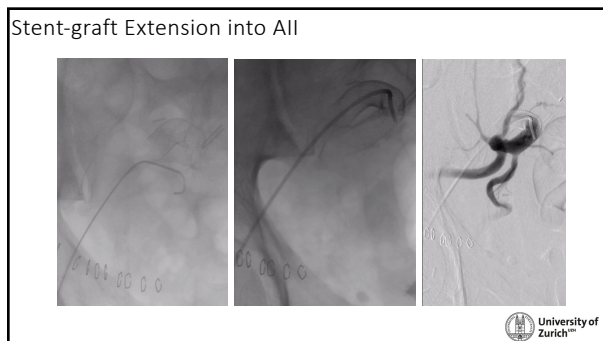
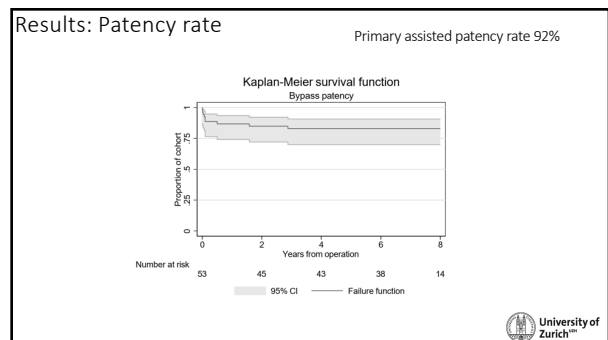
**Results**

• Immediate technical success	100%
• Primary assisted patency rate	92.3% (49/53)
• 30-day BP occlusion	6
• Attempt to revascularize	4 (2/4successful)
• Stenosis at All puncture site (3)	
• Folding VB (1)	
• No reintervention	2
• 30-day mortality	0




**Results: Early and Late BP occlusion**


• 30-day BP occlusion	6/53
• Late BP occlusion	6/53
• Successful revascularization	1
• No reintervention	5
• All progression stenosis distal from VB (3)	
• BP kinking (1)	
• Unknown (1)	
• 4 with new onset of buttock claudication	
• Disappeared (3)	
• Refused open surgery (1)	

**Conclusion**

- Use of VORTEC/STAT technique to revascularize IIA before EVAR is safe, effective and with high rate of technical success
- This original series is with consistent follow-up and persistent good mid-term results
- Nowadays might be in use where difficult use IBD, and sutured anastomosis is challenging





VEITH SYMPOSIUM  
Connecting The Vascular Community

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