

VEITH SYMPOSIUM
Connecting The Vascular Community

Parallel Endograft Techniques For Treating Common And Internal Iliac Artery Aneurysms: When And Why They Are Better Than IBDs And How To Make Them Work Effectively

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CICE2025
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Grand Hyatt São Paulo, São Paulo, Brasil

Sao Paulo Vascular & Endovascular Surgery Institute

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No Disclosures

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Isolated common iliac aneurysm without a distal neck

Isolated common iliac aneurysm without proximal and distal neck

Sandwich Technique

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Complicated CIA Dissection

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Sandwich and Lobato Techniques

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Iliac Branch and Internal Iliac Components

The GORE® EXCLUDER® Iliac Branch Endoprosthesis (IBE) is intended to be used with the GORE® EXCLUDER® AAA Endoprosthesis or the GORE® EXCLUDER® Conformable Endoprosthesis to isolate the common iliac artery from systemic blood flow and preserve blood flow in the external iliac and internal iliac arteries in patients with a common iliac or aortic iliac aneurysm, who have appropriate anatomy, including:

1. Adequate iliac/renal access
2. Common iliac artery diameter of 17 mm at the proximal implantation zone of the IBE
3. External iliac artery treatment diameter range of 6-29 mm and total iliac length of at least 10 cm
4. Internal iliac artery treatment diameter range of 6-9 mm and total iliac length of at least 10 cm
5. Adequate length from the lowest major renal artery to the internal iliac artery to accommodate the total endoprosthesis length, calculated by adding the minimum lengths of required components, taking into account appropriate overlaps between components

55MM

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Zbis Cook Indications for use

Indications for use	Patients with an aortoiliac or iliac aneurysm, an insufficient distal sealing site within the common iliac artery, and having morphology suitable for endovascular repair.
Aneurysmal iliac	<ul style="list-style-type: none"> Nonaneurysmal external iliac artery fixation segment distal to the aneurysm with: <ul style="list-style-type: none"> Length ≥ 20 mm Diameter measured outer wall to outer wall of 8-11 mm Nonaneurysmal internal iliac artery segment distal to the aneurysm with: <ul style="list-style-type: none"> Length ≥ 10 mm (20-30 mm preferred) Diameter acceptable for proper sealing
Access	Adequate femoral/iliac access compatible with the required introduction systems
Introducer diameters	<ul style="list-style-type: none"> 20 Fr (6.7 mm) 22 Fr (7.3 mm)
Contraindications	There are no known contraindications for these devices

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2 INDICATIONS FOR USE

The Zenith Branch Endovascular Graft Bifurcation with the HAL® One-Step Introduction System is indicated for the endovascular treatment of patients with an aortoiliac or iliac aneurysm, an insufficient distal sealing site within the common iliac artery, and having morphology suitable for endovascular repair, including:

- Adequate iliac/femoral access compatible with a 20 French (7.7 mm O.D.) introduction system;
- Non-aneurysmal external iliac artery fixation segment distal to the aneurysm:
 - With a length of at least 20 mm;
 - With a diameter measured outer wall to outer wall of no greater than 11 mm and no less than 8 mm;
- Non-aneurysmal internal iliac artery segment distal to the aneurysm:
 - With a length of at least 10 mm with 20-30 mm being preferred;
 - With a diameter acceptable for proper sealing.

3 CONTRAINDICATIONS

There are no known contraindications for

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01 Aorto-iliac Aneurysms **02 Isolated Iliac Aneurysms** **E-iliac Artivion**

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	Excluder Gore IBE*	Zbis Cook*	E-iliac Artivion®D	Sandwich Technique	Lobato Technique§
Introducer	16F	20F	18F	6-12F (CS) / 14-18F (SG)	6-8F (CS) / 14-18F (SG)
CIA proximal Ø (min-max)	17-23 mm	7-10 mm	10-14 mm	7-14 mm / 7- No limit	7-14 mm / 7- No limit
CIA minimum lumen Ø	≥16 mm	≥16 mm	≥16 mm	8 mm	2 mm
CIA minimum length	55mm	45mm	53mm	8 mm	20 mm
EIA minimum landing zone	≥10 mm	≥20 mm	≥15 mm	>20 mm	>20 mm
IIA Ø (min-max)	6.5 - 25.0 mm	8.0 - 11.0 mm	8.0 - 13.0 mm	6.0 - 12.0 mm	6.0 - 12.0 mm
IIA Ø (min-max)	6.5 - 13.5 mm	Acceptable sealing	≥8.0 mm	4.0 - 9.0 mm	4.0 - 9.0 mm
IIA minimum landing zone	≥10mm (20-30mm)	≥10mm (20-30mm)	≥10mm (20-30mm)	≥10 mm (20-30 mm)	≥10 mm (20-30 mm)

* Nonaneurysmal internal iliac artery segment distal to the aneurysm;
 † Dedicated IBE for isolated iliac aneurysm and also for aortoiliac aneurysm;
 ‡ Complicated CIA dissection;
 § CIA: Common iliac artery; EIA: External iliac artery; IIA: Internal iliac artery; IBE: Iliac branched endoprostheses

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CONCLUSION

- Parallel Grafts have been developed to overcome current anatomical and device limitations, expanding the boundaries of EVAR for the safe, easy-to-perform, and cost-effective rescue (catastrophic) treatment of complicated AIA and CIA Aneurysms
- It appear to be a promising tool in the EVAR arsenal;
- This technique can be used when the anatomy of the CIA contraindicates the use of IBE and/or in emergency situations when IBE are not available.

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