

The Value Of Intraoperative Cone Beam CT During F/B/EVAR: What Defects Can Be Detected That Would Otherwise Be Missed: What Equipment Is Required

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Disclosures / Conflict of Interest

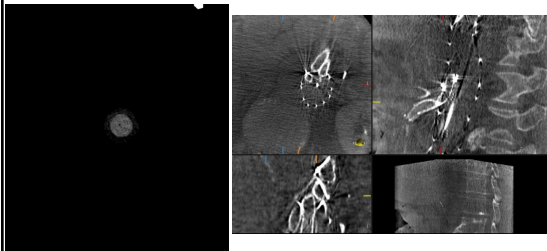
- Proctor, IP, Research collaboration and/or Speaker:
 - Cook Medical
 - Angiodroid
 - Boston Scientific
 - Gore
 - Medtronic
 - Siemens Healthineers

Equipment

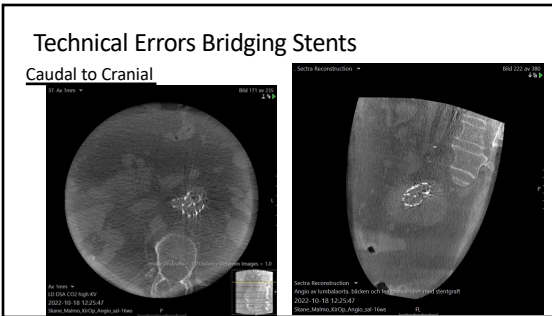
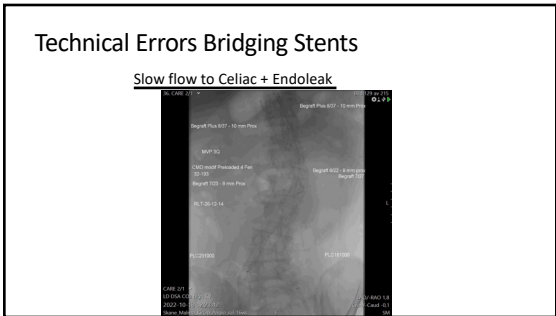
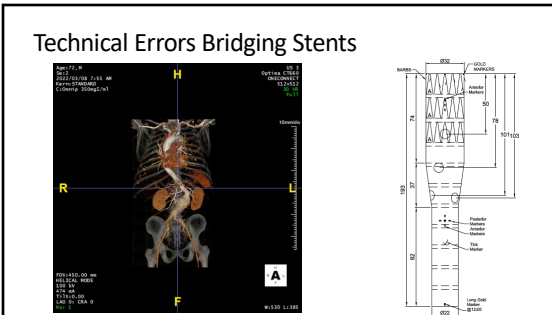
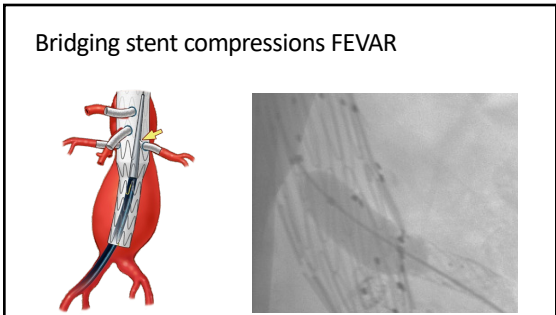
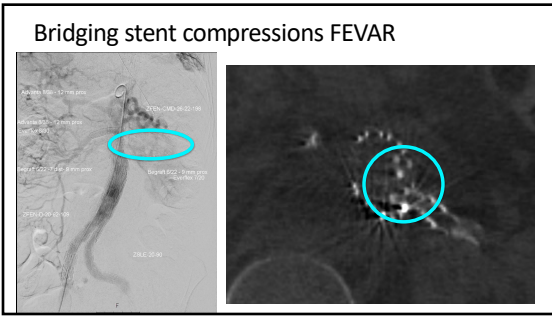
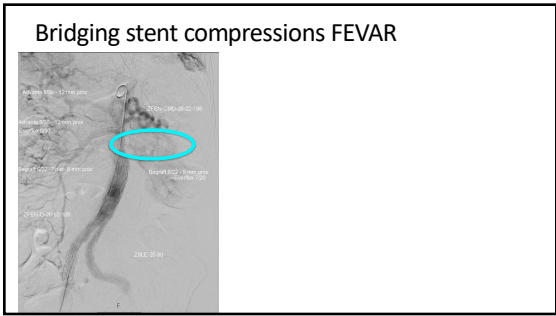
Equipment for acquisition

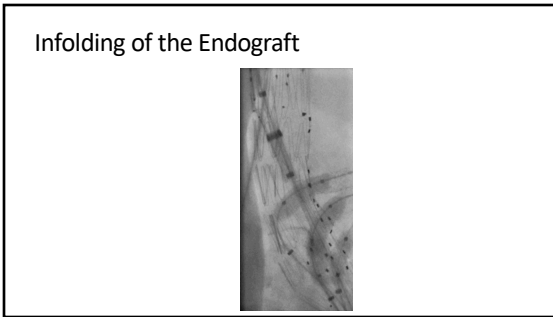
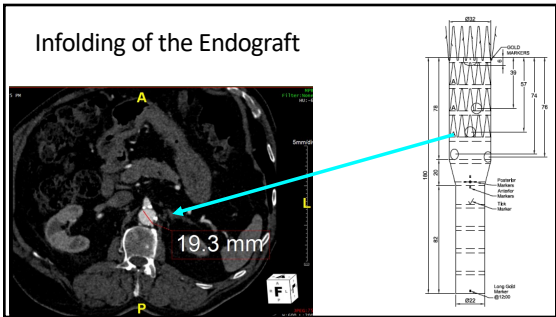
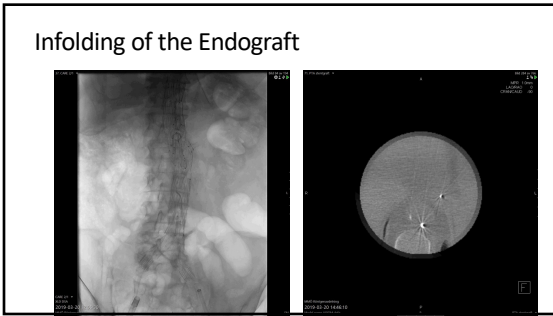
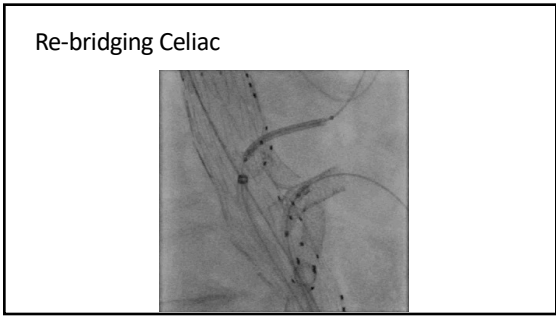


Equipment for Review

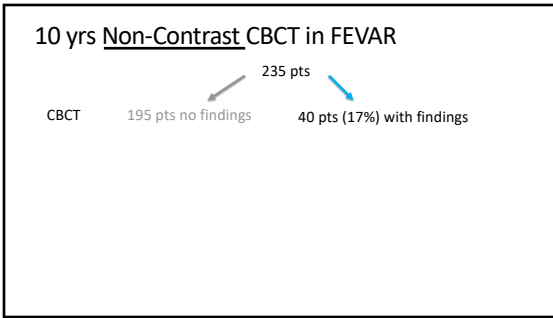


Defects that could be missed without a CBCT



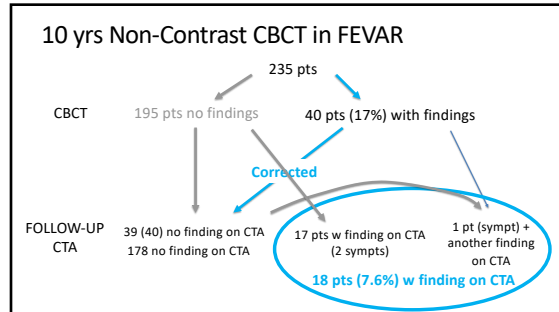


How often are defects detected?



CBCT findings

- 40 patients
 - 45 structural defects
- 78% target vessel related
 - mostly renal bridging stent compression

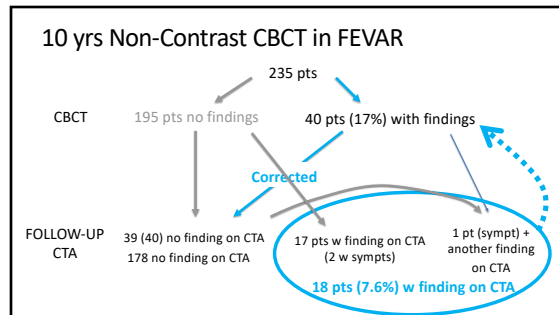


Missed postoperative findings

18 pts with postoperative CTA findings

- Poor image quality
- Defect outside the field of view
- Unnoticed by operators

All could be overcome with further technical improvements or experience



Conclusion

- Plain CBCT identifies most of the structural defects in FEVAR
 - Mostly target vessel-related
 - Can be corrected intraoperatively
- Further technical developments can improve the diagnostic outcome even further

CBCT should be part of F/BEVAR intraoperative protocol

