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A Transvenous Approach To Endovascular Repair Of Ruptured
 Thoracic Aneurysms And TAAA In Patients With Poor Arterial Access:
 Technical Tips And Can One Deal With Aortic Bifurcation Lesions?

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 VEITH SYMPOSIUM
 Connecting The Vascular Community
 51st


Tuesday - Saturday, November 19-23, 2024


 Disclosures

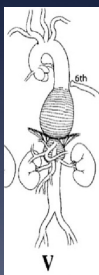
- Consultant: Cook Medical, Philips, Gefinge, Terumo Aortic, Arterica
- Research-grants: Cook Medical, Philips, Terumo Aortic, Medtronic
- Travel-grants: Cook Medical, Gefinge, Philips
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
• Devices and Techniques in this presentation are not approved by the FDA



 Case 1



 Ruptured Type V TAAA

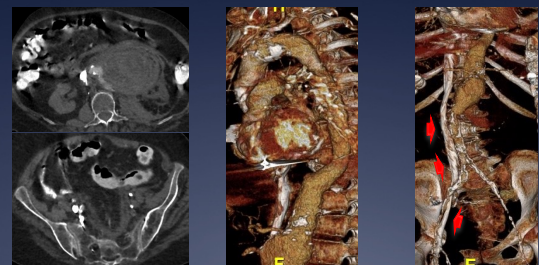
- * 68y, female
- * Acute presentation OSH for abd.pain
- * HB 16 > 6.8 mg/dl
- * CNI, atrophic left kidney
- * COPD, chronic sleep apnea, home oxygen
- * Pacemaker, PCI
- * Multiple sclerosis diagnosed 2000
 - * Spastic paraparesis, wheelchair
 - * Neurogenic bladder
 - * Sacral pressure ulcer
- * Obesity



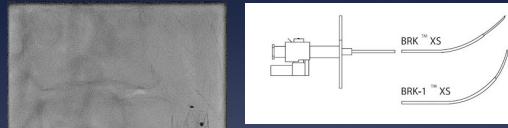

 Ruptured Type V TAAA




 Ruptured Type V TAAA

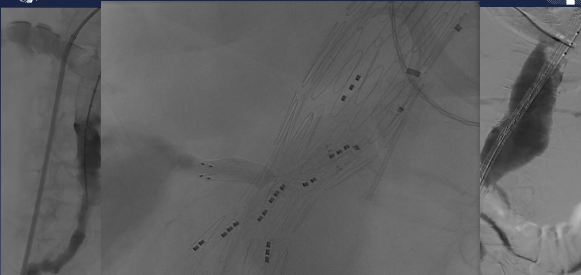


Transcaval Embolisation: Puncture Technique

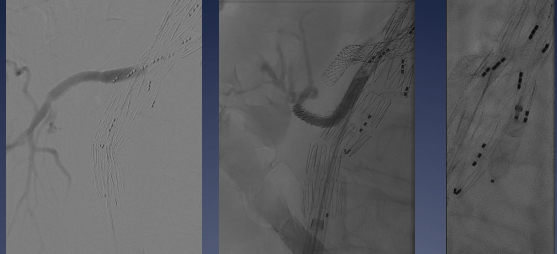


- * Transcaval Embolization
- * Supine position
- * Stable position of sheath
- * Alternative access-points

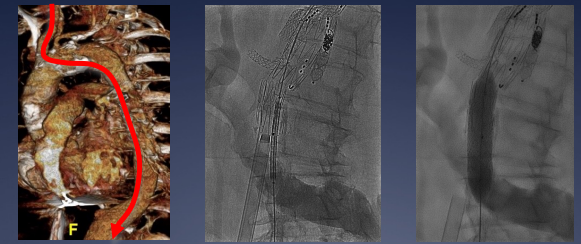
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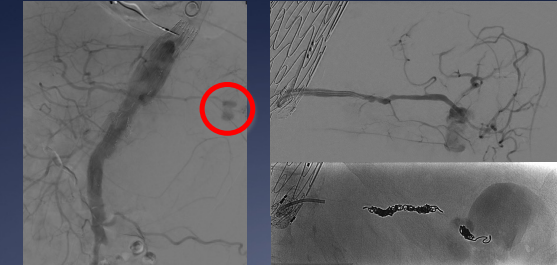
Ruptured Type V TAAA



Ruptured Type V TAAA

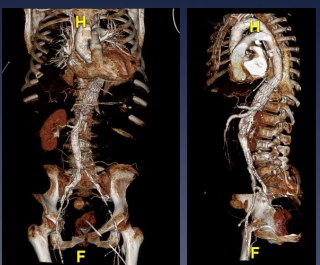


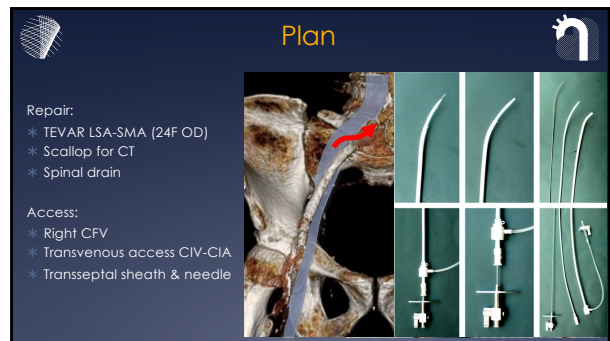
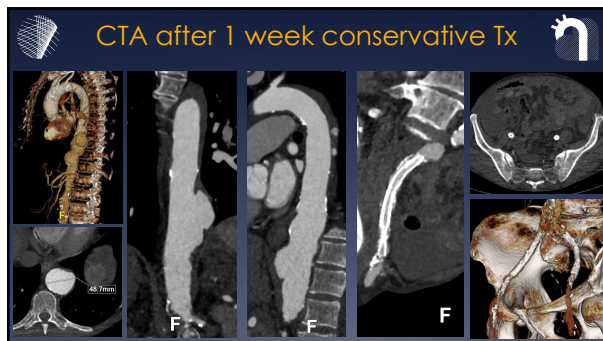
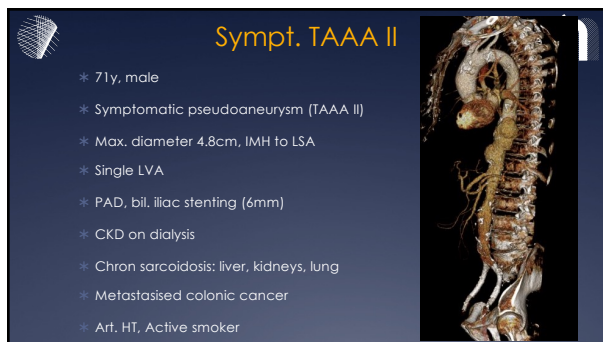
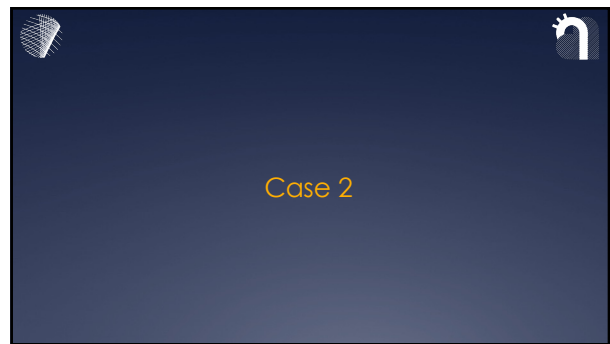
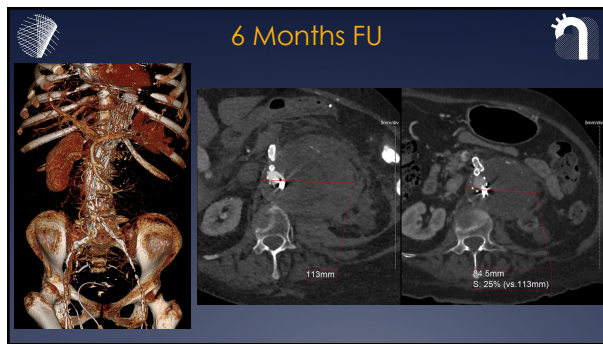
Ruptured Type V TAAA

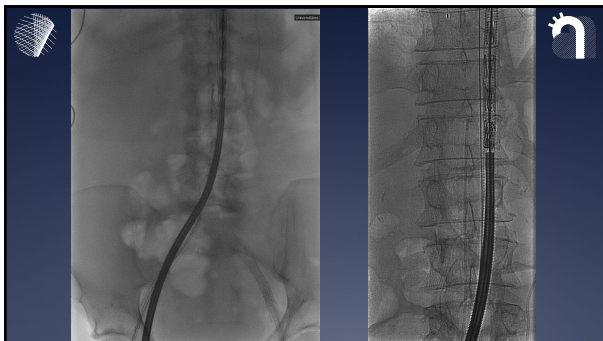
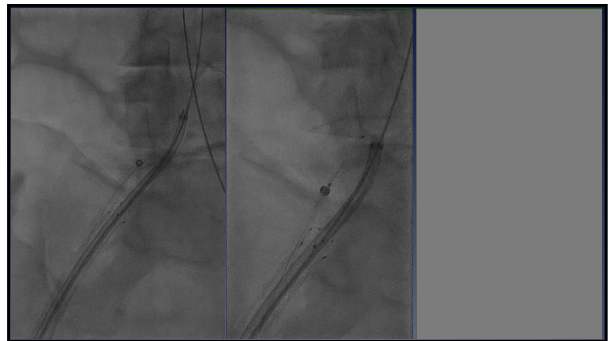
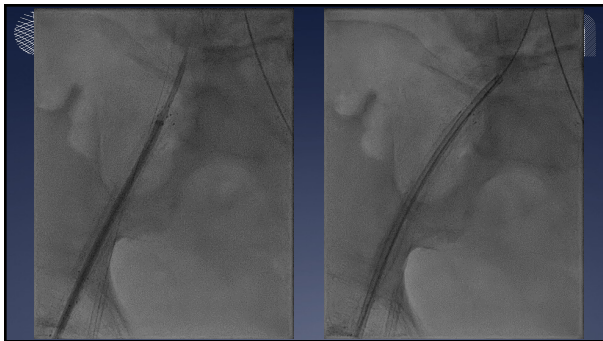
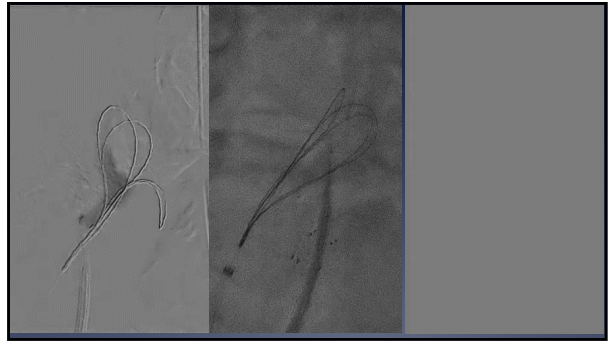
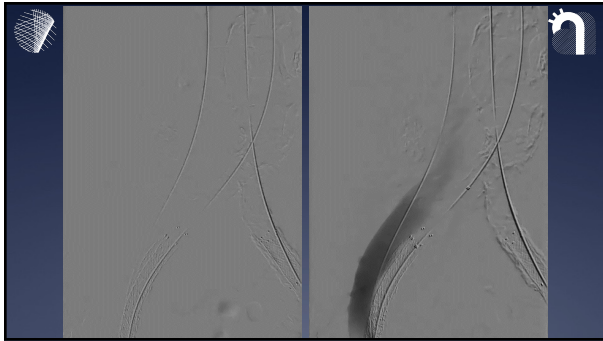


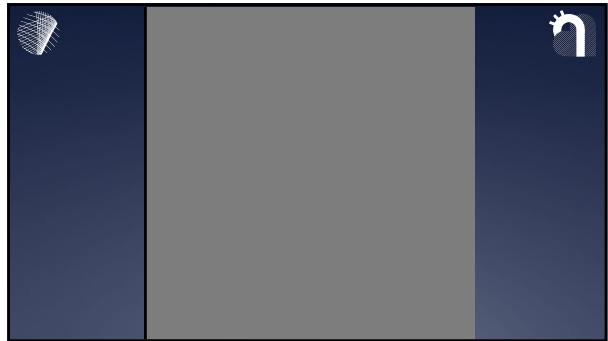
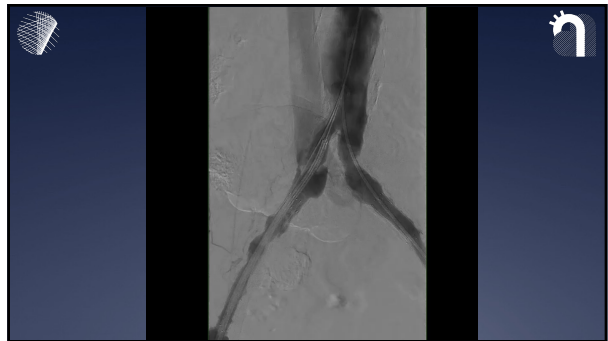
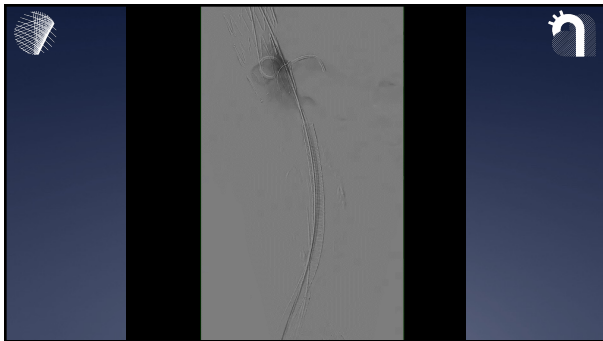
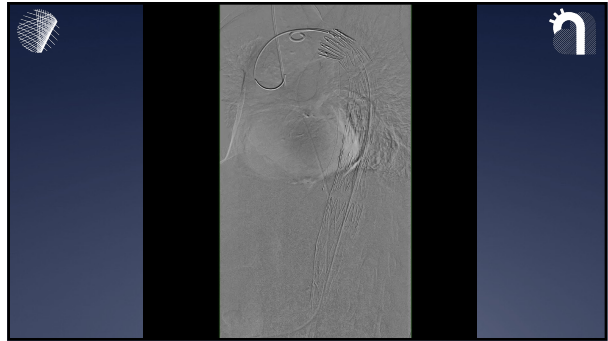
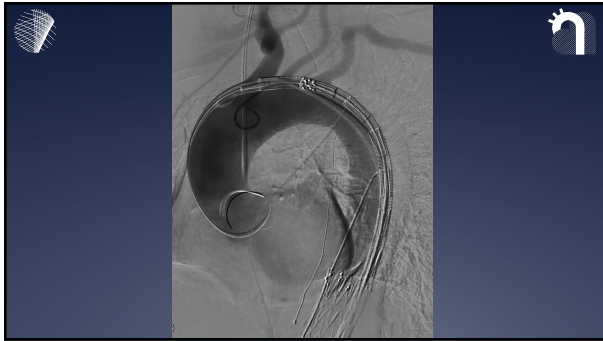
Ruptured Type V TAAA

- * Procedure time: 148min
- * Extubated on table
- * ICU 12d:
 - * Pneumonia & resp. Insuff.
 - * NIV
- * Discharge 15th p.o. day to home



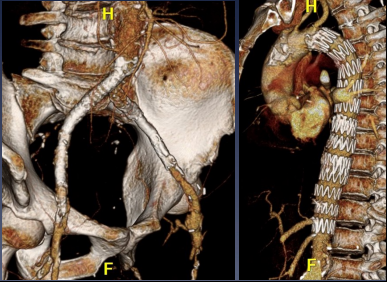






Postop Course

- * Procedure time: 148min
- * Extubated on table
- * ICU 7d:
 - * Hepatitis
 - * Ascites puncture 7l
 - * AB for urinary infection
- * Discharge 9th p.o. day to home



Conclusion

- * Access remains a critical issue for emergent endovascular aortic repair.
- * Transcaval access established for Endoleak-embolization.
- * Transcaval access alternative access route for TEVAR and BEVAR in Type I/IV TAAA.
- * Transvenous iliac access may enable repair of Type II/III/IV TAAA.