# Optimizing Endovascular Treatment Of TAAAs With The COOK OTS t-Branch Endograft:

## Techinical Tips and Contraindications

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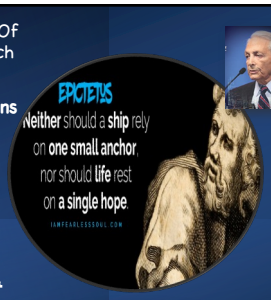


## POTENTIAL CONFLICTS

PROCTOR FOR COOK MEDICAL- USA

PROCTOR FOR E.TAMUSSINO – BRASIL

PROCTOR FOR SCITECH – BRAZIL


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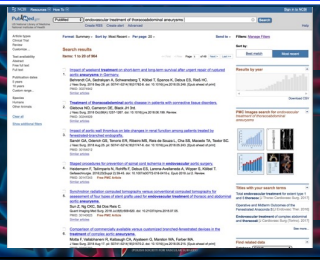
ENDOVASCULAR TECHNIQUE - LITERATURE SUPPORT
First case – TAA - Tim Chuter 2001 – 23 YEARS OLD!!!!!

MORE THAN A THOUSAND PUBLICATIONS ON PUBMED

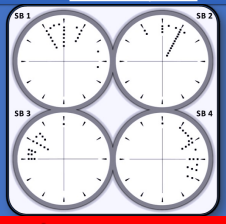


VEITH SYMPOSIUM Connecting The Vascular Community

J Vasc Surg. 2008 Dec;48(6 Suppl):30S-36S.

Branched devices for thoracoabdominal aneurysm repair: Early experience.

Ferreira M. ; et All.




LET'S GO BACK 16 YEARS

INITIAL STEP FOR AN "OFF-THE-SHELF" DEVICE

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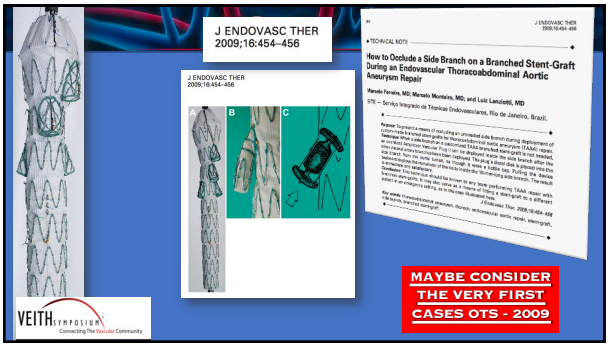


MAYBE CONSIDER THE VERY FIRST CASES OTS - 2009

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J Vasc Surg. 2016 Apr;63(4):930-42. doi: 10.1016/j.jvs.2015.10.095. Epub 2016 Jan 11.

**Fenestrated and branched endovascular aneurysm repair outcomes for type II and III thoracoabdominal aortic aneurysms.**

Eagleton MJ[1], Follansbee M[2], Wolski K[2], Mastracci T[2], Kuramochi Y[2].

Matt Eagleton & Tara Mastracci 2016
2004 - 2013 354p = 1305 B/F

Perioperative Mortality 7 - 3.5%

#At 36 months, freedom from aneurysm-related death was 91% (95% CI, 0.88-0.95)

Branch patency primary + assisted 98%

## CMD X Off-The Shelf devices in bEVAR

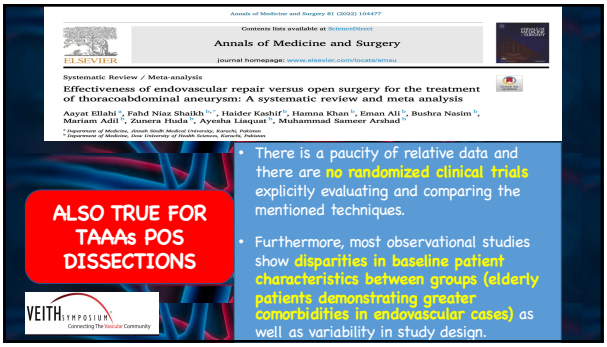
10 year experience with endovascular thoracoabdominal aortic aneurysm (TAAA) repair using fenestrated and branched stent grafts. **Eric Verhoven 2015 – EJVES.**

**WHAT THIS PAPER ADDS**

This is the largest series in Europe to report longer-term outcomes of endovascular thoracoabdominal aortic aneurysm (TAAA) repair using fenestrated and branched stent grafts. Although endovascular TAAA repair in expert hands is associated with high technical success rate, and remains safe and effective in the mid-term, complications are not rare. Correct patient selection, careful planning, team effort, and technical success are needed to provide the best possible outcome for the patients. The re-intervention rate is not low, but most re-interventions can be performed by endovascular means.

**Conclusions**

Endovascular repair of TAAA with fenestrated and branched stent grafts in high volume center, appears safe and effective in the mid-term in a high risk patient cohort.
A considerable reintervention rate should be acknowledged, however.

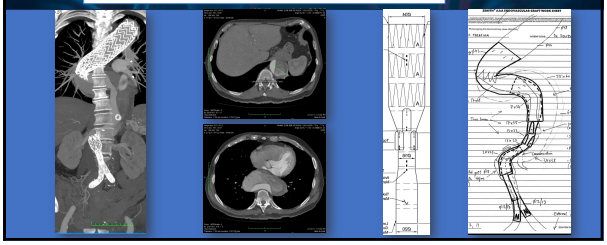



## HOW WE DO IT IN A ROUTINE BASE especially for Pos Dissection TAA aneurysms

- Start implantation 2-3 cm above the branches (angiography, catheter, image fusion).
- Implantation: Complete X Gradual: Especially for narrow aortas/dissections.
- Lower limb ischemia time X ease of catheterization of each branch.
- We almost always prefer to finish one side and ALL THE BRANCHES and then close that side and leave the femoral against the side with a small sheath!!
- Depending on the time spent after the CT and SMA branches we complete an iliac axis and close the femoral artery.
- REDUCES THE ISCHEMIA TIME OF LIMB ISCHEMIA ½. and also the inflammatory response.
- FINALLY WE DO THE RENALS or just THE CONTRA LATERAL ILIACA.
- In large aneurysms we tend to do everything via the femoral route with deflector sheaths – learning curve

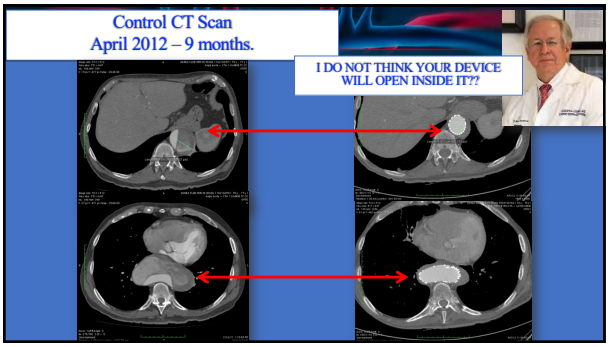
## 2011 the very first Chronic Dissections we treated with a CMD Branched Device

## PERHAPS THE FIRST CASE OF LITERATURE



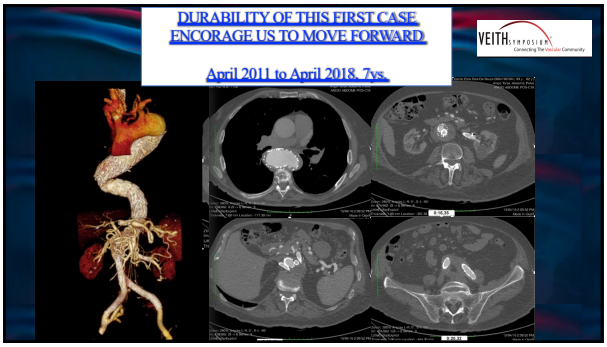
## Control CT Scan April 2012 – 9 months.

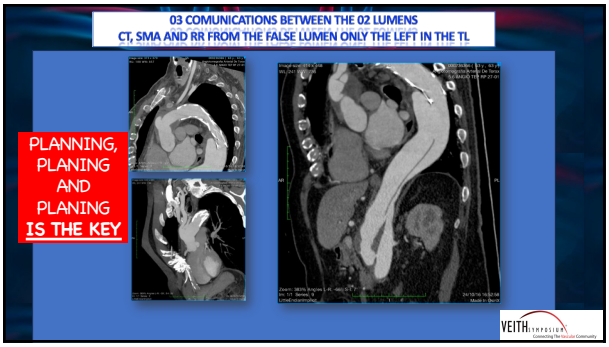
I DO NOT THINK YOUR DEVICE WILL OPEN INSIDE IT??

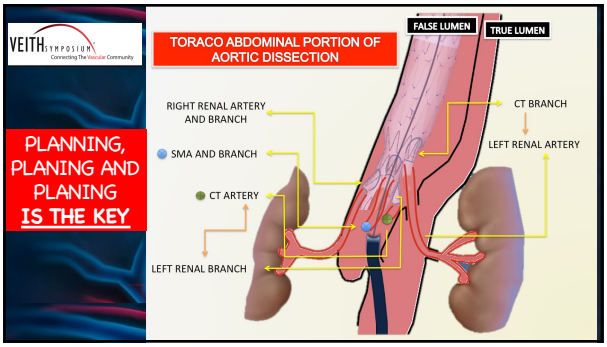


## DURABILITY OF THIS FIRST CASE ENCORAGE US TO MOVE FORWARD

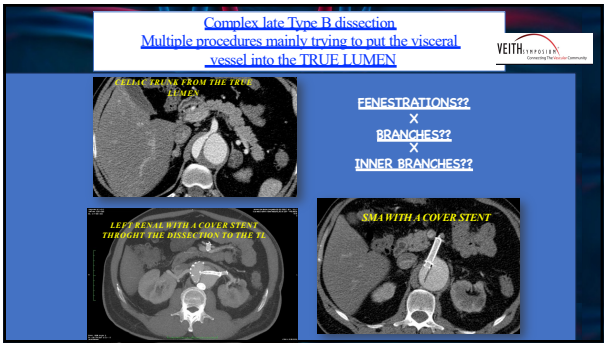
April 2011 to April 2018. 7ys.

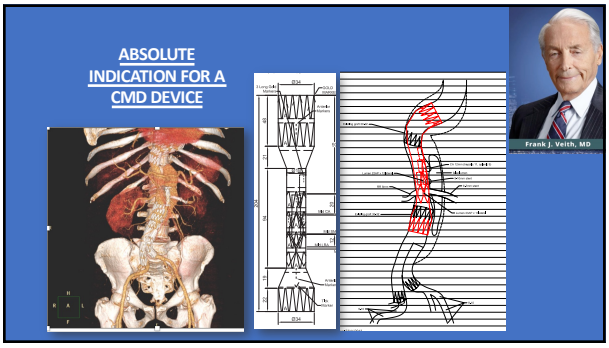



03 COMUNICATIONS BETWEEN THE 02 LUMENS
CT, SMA AND RR FROM THE FALSE LUMEN ONLY THE LEFT IN THE TL
PLANNING, PLANING AND PLANING IS THE KEY


TORACO ABDOMINAL PORTION OF AORTIC DISSECTION
FALSE LUMEN
TRUE LUMEN
RIGHT RENAL ARTERY AND BRANCH
SMA AND BRANCH
CT ARTERY
LEFT RENAL BRANCH
CT BRANCH
LEFT RENAL ARTERY
PLANNING, PLANING AND PLANING IS THE KEY


CT SCAN CONTROL
OBSERVE THE CELIAC BRANCH GOING TO
THE LEFT RENAL ARTERY


Complex late Type B dissection
Multiple procedures mainly trying to put the visceral vessel into the TRUE LUMEN
CELIAC TRUNK FROM THE TRUE LUMEN
FENESTRATIONS??
X
BRANCHES??
X
INNER BRANCHES??
LEFT RENAL WITH A COVER STENT THROGHT THE DISSECTION TO THE TL
SMA WITH A COVER STENT


ABSOLUTE INDICATION FOR A CMD DEVICE
Frank J. Veith, MD


WORKS PERFECTLY, EXCEPT THAT THE PATIENT DEVELOP AN ARCH ANEURYSM
two years later

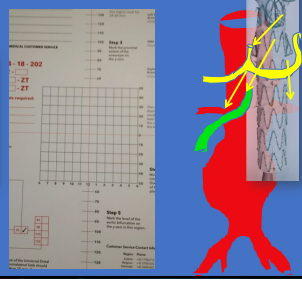
First 04 inner branches device done
05 years result = DURABILITY

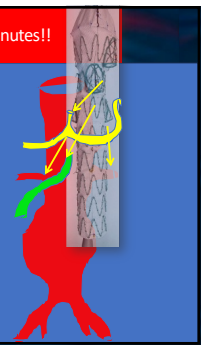
2y Arch device with 02 branches 06 - **total 06 INNER BRANCHES**

**T x T wire**
to go through angulated Aortas
or through previous devices
IS FUNTAMENTAL!!

A
M
A
Z
I
N
G

" Planning the T- Branch " takes 5minutes!!





" Planning the T- Branch " takes 5minutes!!

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ADVANTAGES

- Can be modified.

Technical Note

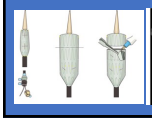
**Urgent Juxtarenal Aortic Aneurysm Repair With Modified Off-the-shelf Endograft to Preserve Intercostal Arteries and Branch Incorporation by Transfemoral Access**

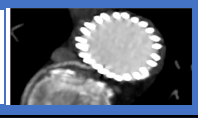
Marcelo Ferreira, MD[1], Matheus Mannarino, MD[1], Rodrigo Cunha, MD[1], Diego Ferreira, MD[1], and Luis Fernando Capotorto, MD[1]

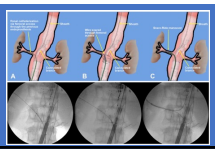
ENDOVASCULAR TODAY

**"Snare-Ride": A Bailout Technique to Catheterize Target Vessels With Unfriendly Anatomy in Branched Endovascular Aortic Repair**

Marcelo Ferreira, MD[1], Athanasios Katsargyris, MD[1], Eduardo Rodrigues, MD[1], Diego Ferreira, MD[1], Rodrigo Cunha, MD[1], Guilherme Bicalho, MD[1], Gustavo Oderich, MD, PhD[1], and Eric L. G. Verhoeven, MD, PhD[1]







**OTS DEVICES DISADVANTAGES x CDM DEVICES**

- 24 F, may make access difficult in some cases.(industry is working in a smaller Fr.)
- Only 04 branches.(now we can do CMD's with 5 branches and Inner branched for 02 vessels
- All descending branches.
- Only one size and option diameter - 34 x 18mm
- ( ALTHOUGH WE KNOW INDUSTRY IS WORKING IN NEW SIZES ).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Marcelo Ferreira (BRA)

SUMARY, OUR PERSONAL VIE
IS:

In our center
Endovascular treatment of the TAAs
is the
"Gold Standard!!

- **In centers with extensive experience
- and very well trained

Treat TAAs After TBADs WITH AN OTS AND CMD DEVICES IS AN ACEPTABLE TECHNIQUE AND OFFERS VERY GOOD RESULTS,


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