

How to Accommodate Endograft Length Discrepancy & Avoid Coverage of Supra-Aortic Trunk During Ascending Endo Repair

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Faculty disclosures

G.S. Oderich

- Consulting, research grants, scientific advisory board
 WL Gore, Cook Medical Inc., GE Healthcare and Centerline Biomedical
- Investigational use of devices
 Cook Fenestrated and Branched Grafts
- Special thank you
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 Medical illustrations: David Factor and Chris Akers
 3D CTA Lab: Laura Ocasio MD and Thanila A. Macedo MD

Anatomical considerations of Type A aortic dissections

Primary tear

Ascending aorta	22/162
Aortic Annulus	32/162
Distal	23/162
Other	30/162
Other	7/162

Anatomical criteria

1. STJ diameter \leq 38 mm
2. Fenestration \pm 10 mm from STJ
3. Absence of coronary grafts

Mean length ascending aorta, 70 \pm 18 mm (32-132)
 Mean diameter distal to STJ, 35.7 \pm 8 mm (24-64)
 Mean maximum aortic diameter, 46 \pm 18 mm (21-115)

- 162 patients with Type A aortic dissections
- 68 had optimal prep CT
- **24 patients (35%)** suitable for endovascular repair

Gore® Ascending Stent Graft

SG diameter: 34-53mm
 SG length: 7, 8 and 10cm

ACTIVE CONTROL technology

- Staged Deployment
- Angulation Control
- Pullback removal of deployment sleeve
- Uncovered proximal stent apices

Device Diameter (mm)	Intended Aortic Diameters (mm)	Device Length (cm)	Uncovered Stent Length (mm)	GORE® DrySeal Flex (FR)
34	27-32	7/10	5	22
37	29-34	7/10	5	24
40	31-37	7/10	6	24
45	34-42	8/10	6.5	24
49	38-45	8/10	6.5	26
53	42-48	8/10	6.5	26

78-year-old female with acute type A aortic dissection

CV risk factors

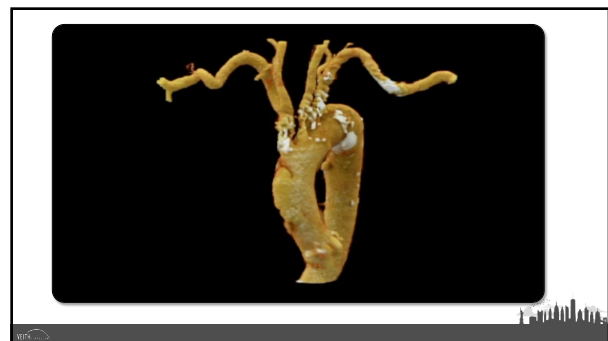
- Hypertension
- Hypercholesterolemia
- Moderate-severe COPD
- Cerebrovascular attack
- Atrial fibrillation on Eliquis

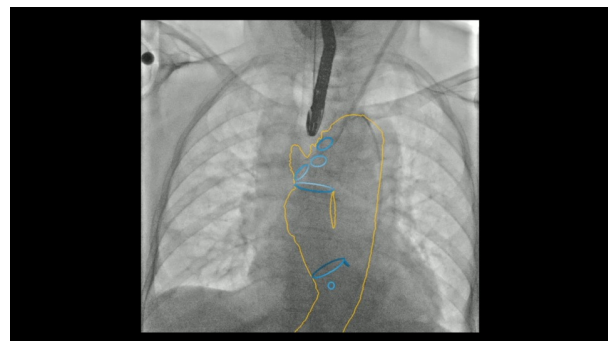
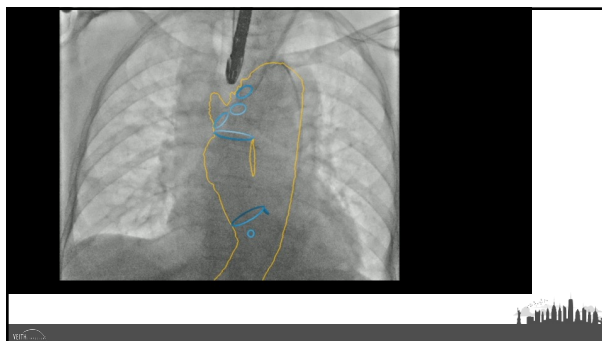
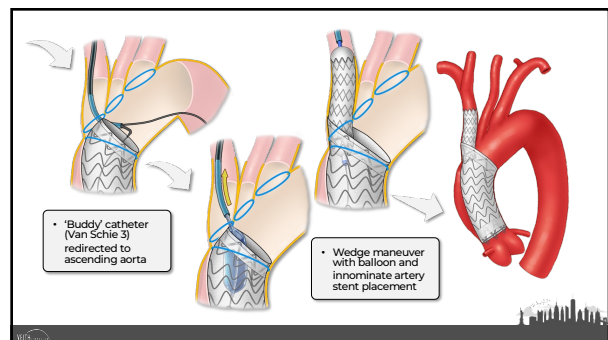
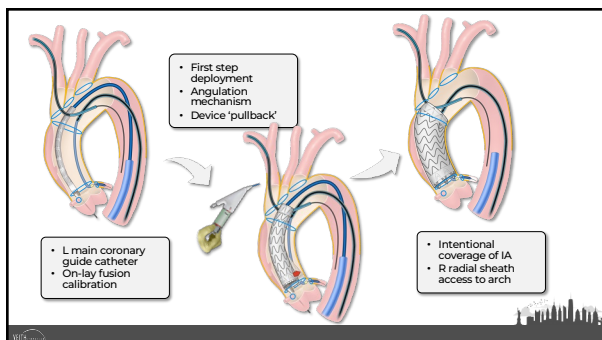
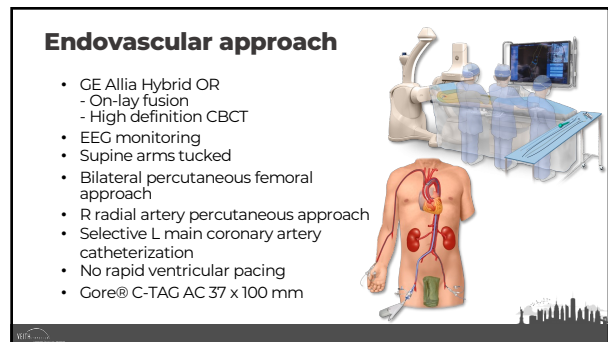
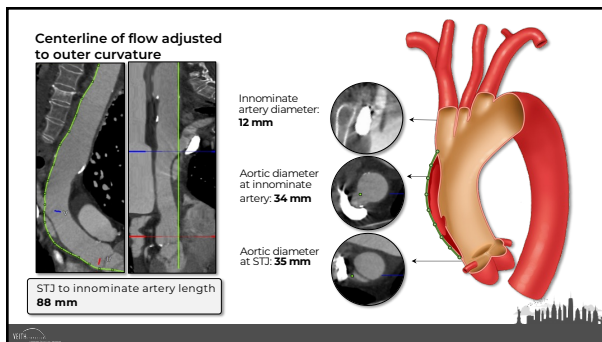
Pre-operative work-up

- WBC 11.1 $\times 10^9/L$
- Hgb 9.6 g/L
- Plt 335 $\times 10^9/L$
- Cr 0.71 mg/dL
- eGFR 87 mL/kg/1.73 m²
- ECG, echo: normal
- Carotid DUS: no stenosis
- Stress test: negative

Surgical history

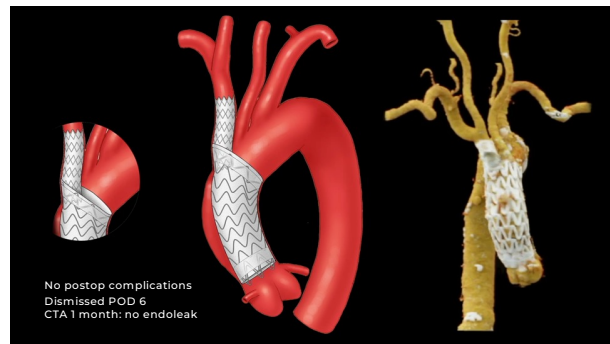
- Type B IMH '19
- Thyroid nodule removal '21



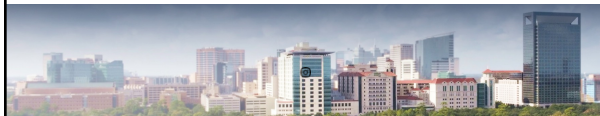


Post-operative course

- Neurologically intact
- No major complications
- Repeat echocardiogram: unremarkable, EF 65%
- Dismissed home on POD 6
- Follow up CTA with no type 1 endoleak



Thank You!



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