

Best Approach To Total Transfemoral TAAA Repair Using GORE Excluder TAMBE Device

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Sutgu M Han, MD, MS, DFVS
 Professor of Surgery and Neurological Surgery
 Chief, Division of Vascular Surgery and Endovascular Therapy
 Co-director of Keck Aortic Center
 Program Director, Vascular Surgery Residency/Fellowship
 University of Southern California


Keck School of Medicine of USC

DISCLOSURES

- W.L. Gore & Associates: Scientific Advisory Board, Consultant, Research Support,, National PI for TOGETHER registry, OSMB for GREAT registry (No personal income, all paid to USC)
- Cook Medical: Scientific Advisory Board, Consultant, Site PI for ZFEN PLUS
- Terumo Aortic: Scientific Advisory Board, Consultant
- Medtronic: Consultant

TRANSFEMORAL TAMBE IMPLANTATION IS OFF-LABEL

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Prospective Evaluation of Upper Extremity Access and Total Transfemoral Approach During Fenestrated and Branched Endovascular Repair (FB-EVAR)

Single-center prospective non-randomized cohort study | 541 patients undergoing FB-EVAR

2013-2017

8%

2018-2020

31%

2021-2022

96%

Total Transfemoral Approach associated with:

Similar technical success	Decreased rate of stroke
Decreased major adverse events	Decreased operative time
9% vs 18%	0% vs 3%

Mesnard et al. *J Vasc Surg.* May 2024

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Technical strategies and pitfalls for total transfemoral implantation of off-the-shelf four-branch thoracoabdominal endoprosthesis with or without utilization of preloaded wires



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92 year old woman with abdominal pain



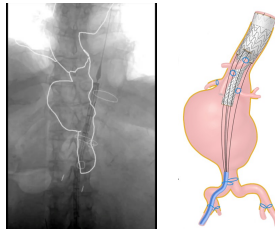
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1. Preloading TAMBE with 0.018" Glidewires



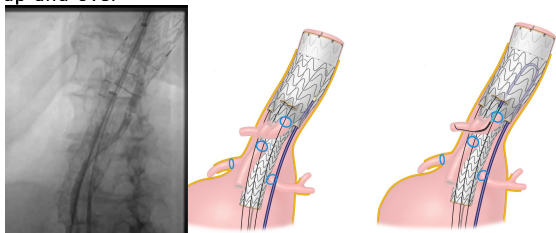
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2. Full Deployment of TAMBE Mainbody



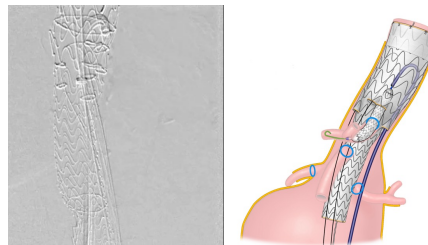
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3. Advancement of 8Fr sheath over preload for internal up-and-over



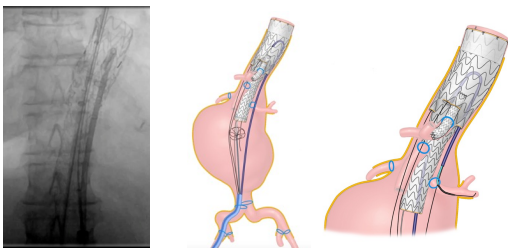
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4. Celiac catheterization and branch stenting



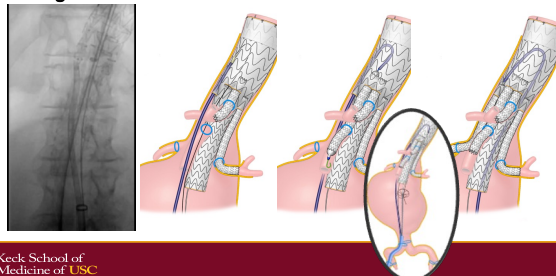
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5. Reverse snaring for left renal catheterization



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7. Sequential internal up-and-over SMA, right renal stenting



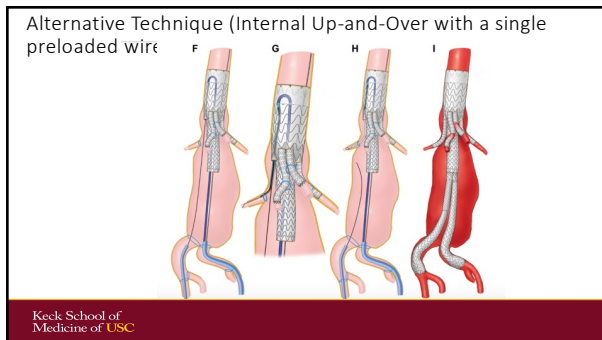
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Features of double internal up-and-over technique

- Single access TAMBE branched component
- Allows aortic occlusion balloon via contralateral femoral access
- Ipsilateral femoral approach for advanced bail out maneuvers (ie. Snare-ride)
- No TAMBE repositioning during branch catheterization
- Suitable for pararenal aortic inner diameter > 25mm

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