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

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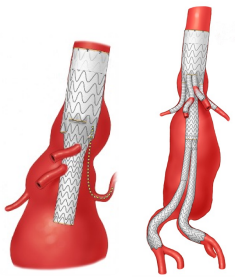

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DISCLOSURES

- 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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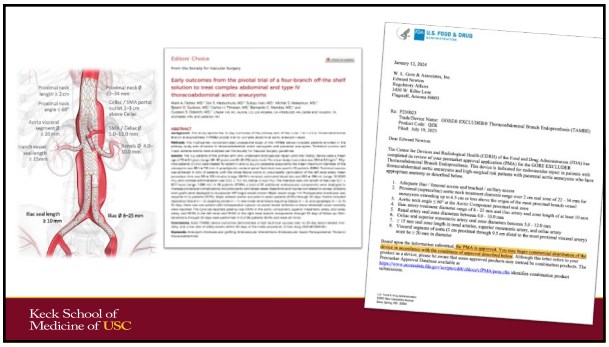

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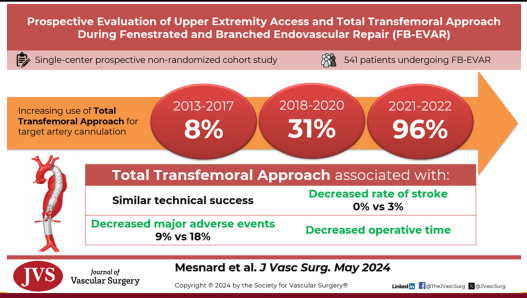

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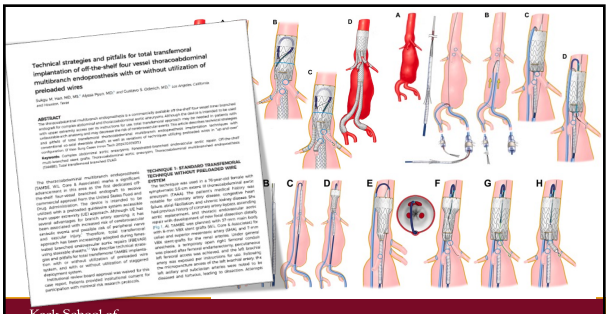

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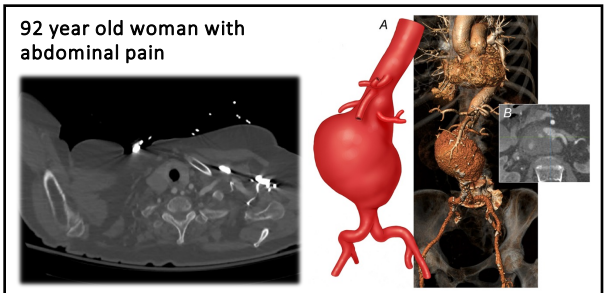

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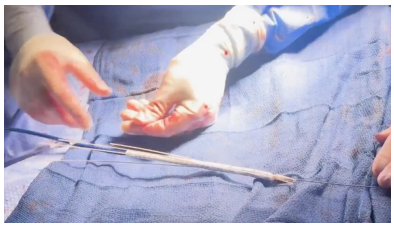
1. Preloading TAMBE with 0.018" Glidewires



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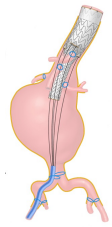
2. Full Deployment of TAMBE Mainbody



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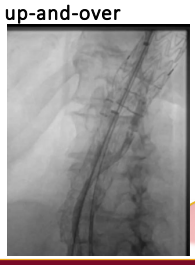
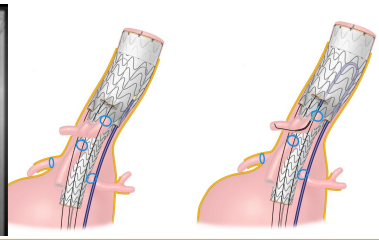
3. Advancement of 8Fr sheath over preload for internal up-and-over





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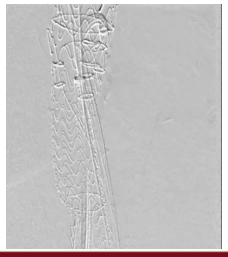
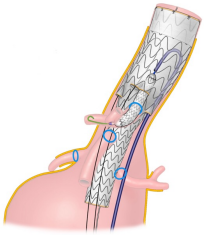
4. Celiac catheterization and branch stenting





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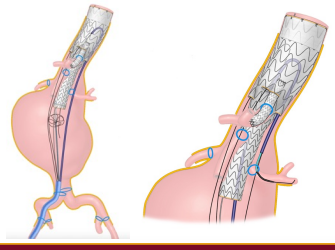
5. Reverse snaring for left renal catheterization



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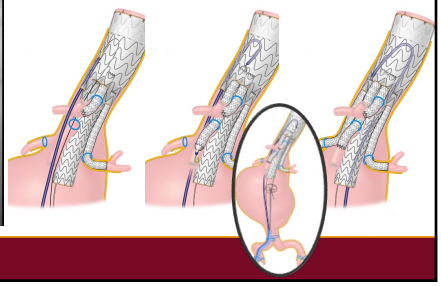
7. Sequential internal up-and-over SMA, right renal stenting



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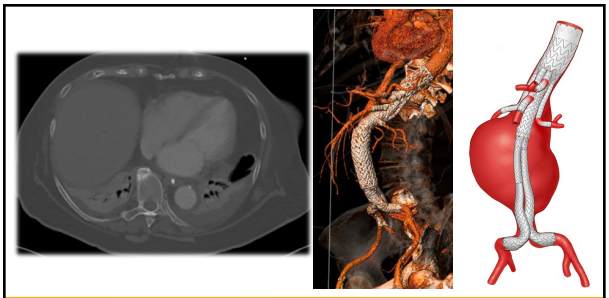

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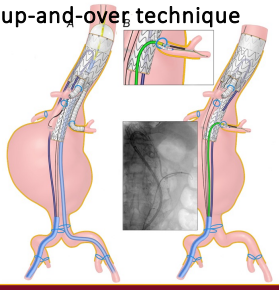
Features of double internal up-and-over technique

- 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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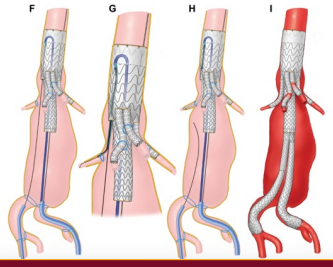
Alternative Technique (Internal Up-and-Over with a single preloaded wire



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