

GREAT HONOR to be HERE!

VEITH SYMPOSIUM NY - 2024



The Vascular World is Coming Together In New York In November 2024
And You're Invited!



Connecting The Vascular Community

POTENTIAL CONFLICTS

PROCTOR FOR COOK MEDICAL- USA

PROCTOR FOR E.TAMUSSINO – BRASIL

PROCTOR FOR SCITECH – BRAZIL



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Retrograde Inner Branched Devices (From Cook) To Treat Aortic Arch Lesions: Indications, Value, and Technical Tips And Initial Experience

Marcelo Ferreira, MD

CHALLENGES

- 1- AORTIC ARCH ANATOMY
- 2- NECK AVAILABILITY



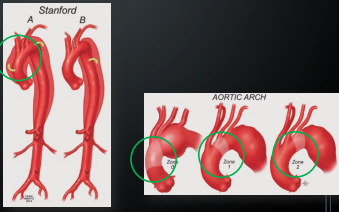
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Arch involvement and It's importance

CHALLENGES

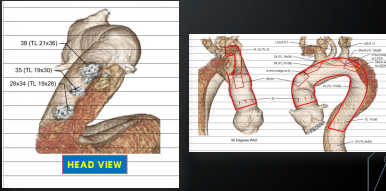
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The decision needs a very good quality Ct-scan and a lot of experience To analysis it



HEAD VIEW

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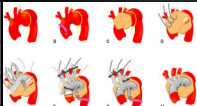
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THE GOLD STANDAR

Issues with open/hybrid arch repairs

Outcomes

- Operative survival – 95-98%
- Stroke – 2-14%
- Renal failure – 2-5%
- Bleeding complications 5-13%



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Endovascular Repair of the Aortic Arch

Timothy A. M. Chuter, DM, and Darren B. Schneider, MD

2007

WHEN AND HOW WE STARTED

Endovascular Repair of the Aortic Arch
Timothy A. M. Chuter, DM, and Darren B. Schneider, MD

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SURGICAL STEPS

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How it looks in Ct scan P.O.

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ARTICLE HIGHLIGHTS

Type of Research: A multicenter, retrospective study

Key Findings: A total of 39 patients (31 men [79%]; mean age, 70 ± 7 years) had undergone treatment of 14 degenerative (36%) and 25 chronic (64%) post-dissection arch aneurysms with a three-vessel inner branch stent-graft. Technical success was achieved in all 39 patients. Two patients died in-hospital (5%) and two experienced a stroke (5%). The combined mortality and any stroke rate was 8% (n = 3). Of the 39 patients, 12 (31%) had required secondary interventions. No retrograde type A dissection occurred.

Take Home Message: The results from the present multicenter global experience have demonstrated the technical feasibility and safety of total endovascular aortic arch repair for aneurysms and chronic dissections using three-vessel inner branch stent-grafts. The mortality and stroke rates compare favorably to those after open surgical repair in a higher risk group.

Vascular
Alan Herten Burg, 2016 (doi:10.1016/j.vascu.2016.07.22)
Inner-Branched Endovascular Aortic Arch Aneurysm Replacement for Type I Arch Aneurysms
Charles F. Moore, M.D., Alan Herten Burg, M.D., Jonathan S. Douglas, M.D., Ronald E. Busch, M.D.

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EVOLUTION OF A SINGLE BRANCH TO 03 ARCH BRANCHES

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AORTIC ARCH TREATMENT HAS EVOLVED

MORTALITY AND STROKES RATES ARE SIMILAR IN SOME CENTERS AS PER OPEN SURGERY

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EDITORIAL
AORTIC ARCH

Endovascular arch repair: where do we stand?
An editorial introduction

Gustavo S. GÖRBECH *

*Editorial Board, Endovascular Medicine, Rio de Janeiro, Brazil

Endovascular aortic arch repair has and will continue to have an increasing role in the treatment of patients with arch aneurysms and dissections. Despite numerous reports and a wealth of literature on this topic, great deal of controversy remains among experts in the field about the use of these techniques, selection criteria, cerebral protection and which design is best applicable to each anatomy. Treatment

FIRST PUBLICATION IN THE WORLD LITERATURE

Technical Aspects of Exclusive Transfemoral Route for Total Endovascular Arch Repair

A Custom-Made Device With Only Upward-Facing Inner Branches for Aortic Arch Treatment **[101]**

Marcelo Ferreira, MD¹, Mathews Mannarino, MD¹, Rodrigo Cunha, MD¹, Diego Ferreira, MD¹, Luiz Fernando Capotorto, MD¹, and Guilherme Mannarino, MD¹

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FIRST CASE REPORTED.

NOW WE HAVE 05 CASES SELECTED FOR THIS DEVICE WITH 100% SURVIVAL AND NO NEUROLOGICAL DEFICITS. IT'S A VERY INITIAL EXPERIENCE !!!

Purpose:
The purpose was to demonstrate a new arch endograft configuration to allow total endovascular aortic arch repair exclusive from transfemoral approach.

Technique:
The custom-made multi-branched arch endograft (Cook Medical, Bloomington, Indiana) features 3 inner branches (IBs) for supra-aortic vessels incorporation and complete endovascular arch repair. Traditionally, the innominate and left carotid branches are antegrade IBs, requiring upper access for incorporation of these vessels, and the left subclavian branch is an upward-facing IB that can be incorporated from transfemoral access. We report a novel device configuration with only upward-facing IBs, allowing exclusive transfemoral route for total endovascular arch repair. Technical aspects, implantation technique, and limitations are described thoroughly.

Conclusion:
Herein is described an arch endograft configuration that simplifies endovascular aortic arch repair, allowing supra-aortic vessel incorporation through a transfemoral route only. This innovative design may serve as another alternative in selected patients. **[102]**

Aortic arch endografting with inverted branches

INTERNAL LOW PROFILE ENDBRANCHED - DETAIL
 • Shows 2x with 90° inclination with
 • 3 mm of DAP-PTFE REINFORCING TUBES
 • 3 mm of DAP-PTFE REINFORCING TUBES
 • STRAIGHT INTERNAL TENT
 • COVERED STENTING, CARINA & ILE
 • UPWARD-FACING BRANCH
 • 300% FOLDING FABRIC
 • REINFORCING GOLD MARKERS ON
 PROXIMAL EDGE OF GRAFT

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CONTROL 03 UPWARD FACED BRANCHES Before the complementary thoracic graft . Patient went home in 03 days w/o any sequelae.

GENERAL TIPS

- 1- Get a good Ct-Scan
- 2- Check the Arch anatomy
- 3- Avoid bovine Arch
- 4- Remember that :
 - All extensions from COOK have outside stents that could grab your stent for the LCCA
- 5- Attention for the diameter of the IA
 - Get a stent compatible with
- 6- I do prefer:
 - preload the RCCA branch or get a LOOP from the Second branch and SNARE IT

Retrograde Inner Branched Devices (From Cook) To Treat Aortic Arch Lesions: Indications, Value and Technical Tips And Initial Experience.

NEW IDEA

The decision needs a very good quality Ct-scan and a lot of experience To analysis it

SAVE THE DATE

SIMPÓSIO aorta 2025

2025

Simpósio Aorta

THANK YOU FOR YOUR KIND ATTENTION

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