

The STABILISE Technique To Eliminate The False Lumen And Relaminate The Aorta Will Change The Treatment Of Acute And Subacute TBADs And Will Replace Most False Lumen Occlusion Devices And F/B/EVAR Treatments: How To Do It And Precautions

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- No relevant disclosures

**Introduction**

- Type B dissections-30% of all AD
- High risk and complicated** subtypes are routinely intervened on using endovascular techniques
- Proximal covered stent graft does not address re-entry tears, which can lead to late aortic events

Prospective multicenter clinical trial (STABLE) on the endovascular treatment of complicated type B aortic dissection using a composite device design

*Wang J, Laskowski IA, Ohira S, Rodriguez G, Chang H, Goldberg JB, et al. (2023) STABLE: A Prospective Multicenter Clinical Trial of Endovascular Treatment of Complicated Type B Aortic Dissection Using a Composite Device Design. J Endovasc Ther. 2023;36(1):1-11. doi:10.1177/10782901231188888*

- "the false lumen was absent or completely thrombosed in **17.5%** .....false lumen flow ...mainly through secondary tears or collateral vessels"

Introduction-with Petticoat

*How to avoid late aortic degeneration in a/s Type B Aortic Dissection*

**STABILISE - Stent-Assisted Balloon-Induced Intimal Disruption and Relamination in Aortic Dissection Repair**

The STABILISE technique entails the deployment of covered stents in the descending thoracic aorta and uncovered stents in the abdominal aorta (approved in the United States in 2019) followed by balloon aortoplasty of the covered and uncovered stents to facilitate positive aortic remodeling

1. Stent graft coverage from zone 2 or 3 to celiac trunk-to cover re-entry tears

- Bare stent to aortic bifurcation**

2. Proximal landing zone **MUST BE** in adequate normal aorta

SCA bypass

Thoracic Branch Endograft

**"Total Aortic Repair" Concept**  
**Zone 2 arch + Sequential TEVAR (Gore TBE + STABILISE)**

**Indications**

- Large residual tear
- Patent, dominant FL (FL>TL)
- FL + TL > 40 mm
- Persistent malperfusion

**STABILISE:**  
 Stent assisted balloon induced intimal disruption and relamination technique

1. Ohno S. JCVS Tech 2023
2. W. L. Gore & Associates
3. Higberth PC, JCVS 2014

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3. Distal landing zone **<40mm** in diameter

4. **Balloon** the **entire stented** segment

5. **IVUS** to confirm apposition

6. **Re-balloon** if needed

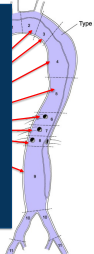
7. **Branch vessel** false lumen take off-**protect with a wire**

• **Stent if needed**

**Branch vessels-word of caution!**

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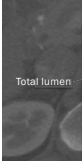
### Aortic measurements



Positive aortic remodeling represented by:


- False lumen reduction in maximal diameter
- True lumen expansion in maximal diameter

Total lumen



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## Results



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### Aortic lumen behavior in the short-term

Results of Short-term Follow-up (n=29/15)

Region	Measurement	Pre-TEVAR (mm)	Post-TEVAR (mm)	Delta	P-value
Thoracic Aorta	Total	37.7	37.8	0.1	0.9
	True Lumen	18.5	31.3	12.8	<0.001
	False Lumen	17.5	5.3	-12.2	<0.001
Abdominal Aorta	Total	28.8	29.9	1.0	0.2
	True Lumen	13.8	26.0	12.2	<0.001
	False Lumen	14.7	2.0	-12.7	<0.001

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### Aortic lumen behavior in the mid-term-13 months

Results of Mid-term Follow-up (n=29/15) (Mean, SD) 395.2 (406.2)

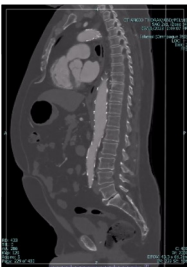
Region	Measurement	Post-TEVAR (mm)	Follow-up (mm)	Delta	P-value
Thoracic Aorta	Total	37.8	34.6	-3.2	0.003
	True Lumen	31.3	30.6	-0.64	0.3
	False Lumen	5.3	1.1	-4.1	0.003
Abdominal Aorta	Total	29.9	29.7	-0.22	0.8
	True Lumen	26.0	25.5	-0.5	0.6
	False Lumen	2.0	1.5	-0.5	0.3

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### Results


- No peri-operative mortality
- No aortic rupture
- No paraplegia

STABILISE technique allows for complete false lumen obliteration and positive aortic remodeling in appropriately selected patients with a/sTBAD



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## Thank you



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