



My favorite iliac branch

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15 déc 2017

Conflits d'intérêt

- **Partenariat**
 - **Biotronik**
 - **Cook**
 - **Gore**

CIA Aneurysm management

- **Open surgical repair**
 - Bypass
 - Exclusion / preservation of hypogastric artery
- **Limitations**

Patients unsuitable for open

Higher early (30 days) morbidity / mortality (vs EVAR)

surgical time, blood loss, ICU stay, hospital stay.

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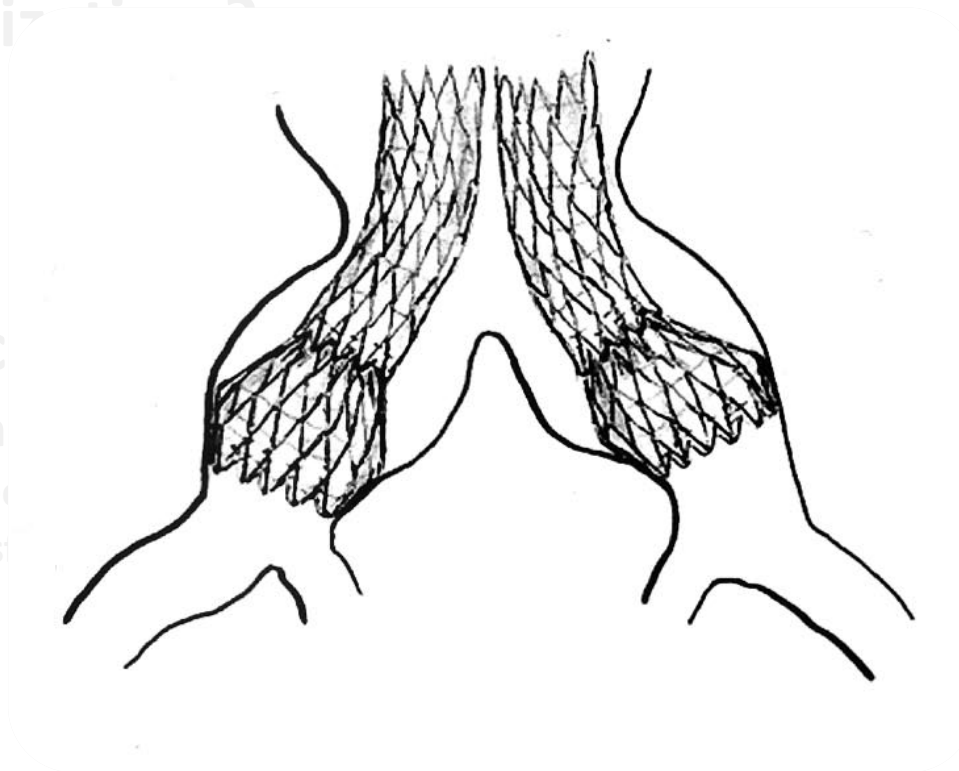
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IIA

- **CIA distal diameter > 20 mm → ?**
 - Bell bottom → bad outcome
 - Embolization ?
- **Risks of IIA embolization : « coil & cover »**
 - Buttock claudication (up to 56%)
 - Colic ischaemia (up to 9%)
 - Perineal necrosis
 - Erectile dysfunction
 - Spinal cord ischaemia

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“Why should we initiate gluteal claudication, which is difficult to treat and avoidable in 50% of aneurysm patients, instead of trying to treat it using all available techniques for peripheral artery disease patients?”.

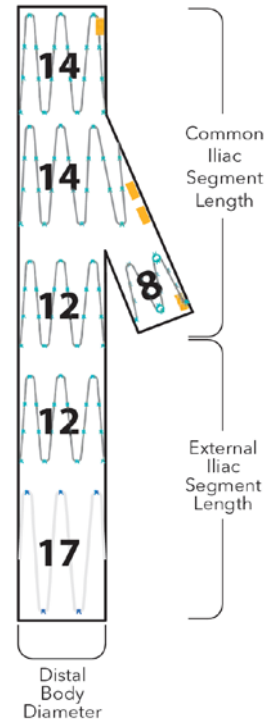
sandwich

- Off label « bricolage »
- Potential compression of parallel grafts
- Requires upper limb access
- Fate of gutters ?



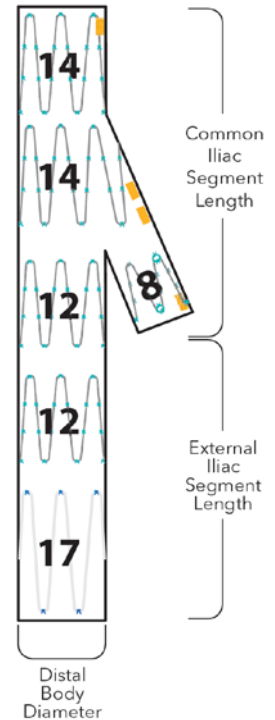
Zbis (Cook)

- CE mark 2006
- Single component & addition of bridge stent
 - Atrium V12, Bard Fluency, Viabahn, etc
- Size range
 - prox diameter : 12 mm
 - CIA length : 45/61 mm
 - EIA length : 41/58 mm
 - Total graft length : 86/102/103/119 mm
 - distal diameter : 10/12 mm



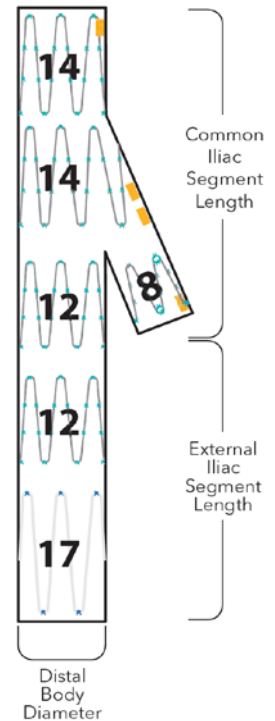
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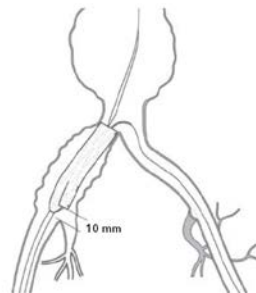
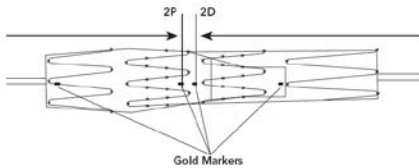
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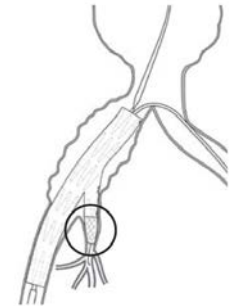
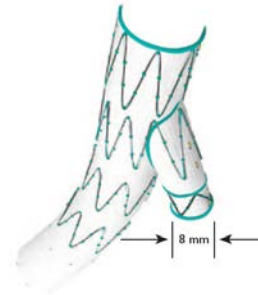
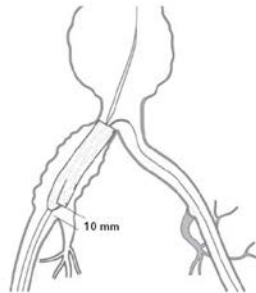
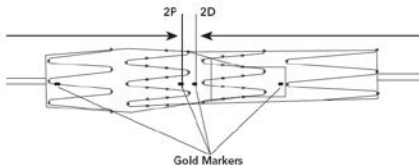
Zbis (Cook)

- **Anatomic requirements**
 - 20F ipsilat & 12F contralat
 - EIA diameter 8 - 11 mm & seal zone > 20 mm
 - Hypog A
 - diameter according to manufacturer IFU
 - > 10 mm sealing zone



Zbis (Cook)

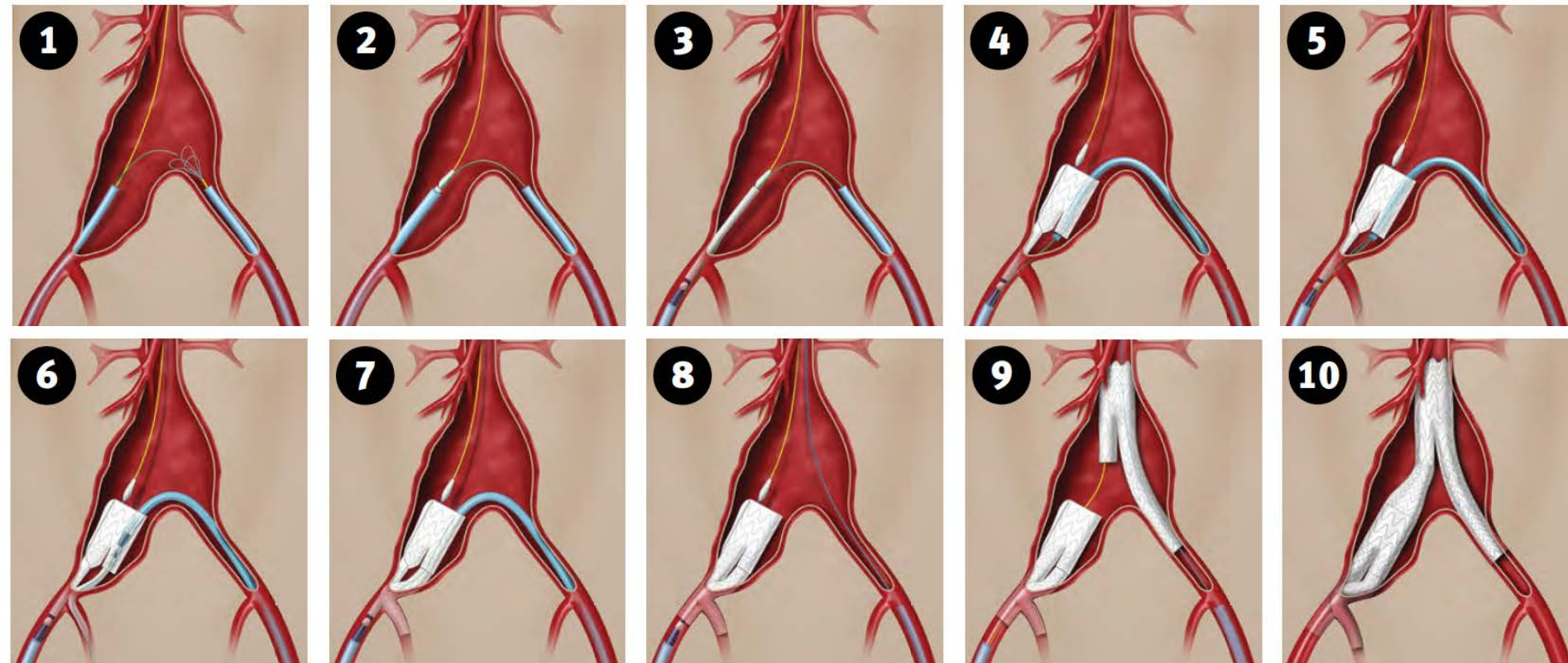
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IBE (Gore)

- **CE mark 2014**
- **2 pieces device**
- **Size range**
 - **proximal diameter : 23 mm**
 - **Overall length : 100 mm**
 - **distal diameter : 10/12/14.5 mm**

IBE Deployment

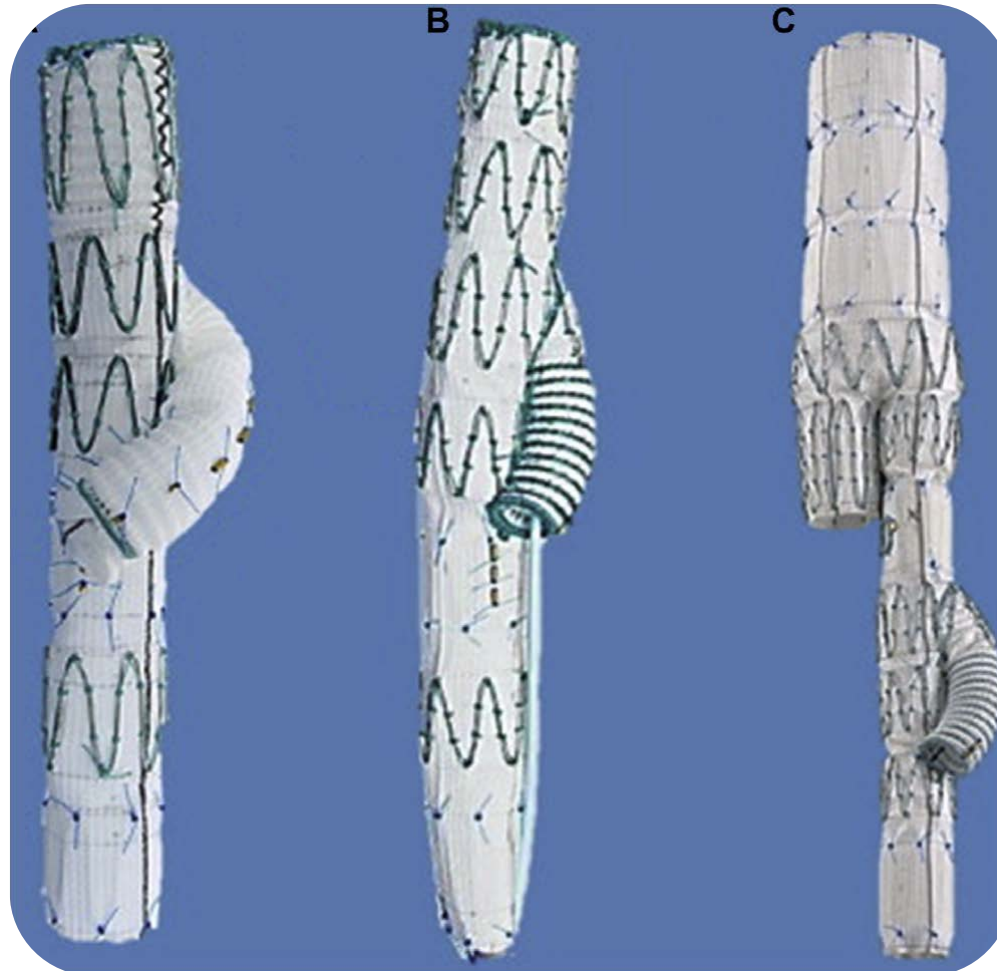


E-iliac (Jotec)

- No reimbursement in France
- Needs a bridging stent



Helical Zbis (Cook USA)



Literature

Simonte G, EJVES 2017 (Perugia)

2006 – 2016

n=157 IBDs in 149 pts (isolated IBD in 17,8%)

134 Zbis & 23 IBE (as of 2013)

Technical success : 97,5%

1 type Ib EL, 1 type III EL (disconnexion), 1 IB thrombosis, 1 IB dissection

3 asymptomatic IB occlusion @ discharge (<30 days)

Primary patency 94% @ 5y (nb@risk = 49/157)

92% @ 9y (nb@risk = 4/157)

Predictors for reintervention : hypog aneurysm

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 - Patient selection mistakes
 - underestimated tortuosity
 - Thrombus burden
 - Intra operative mistakes
 - Maldeployment
 - Uncorrected graft angulation
 - Inappropriate landing
 - Embolization during catheter manipulations
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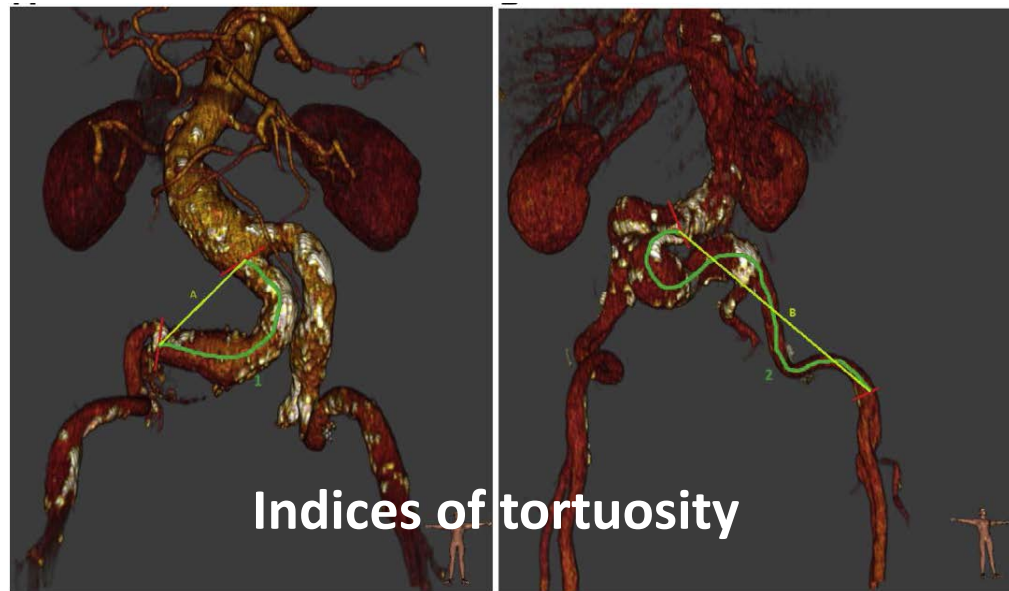
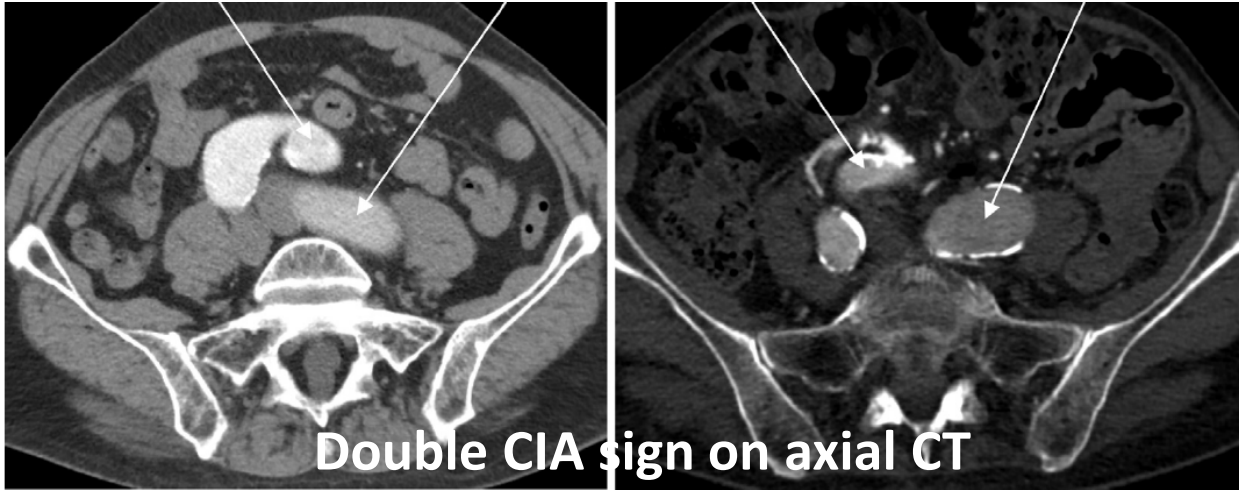
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- **Learning curve**
 - **Respect landing zone length**
 - **Between hypogastric stents**
 - **In the distal hypogastric artery**
 - **Avoid excessive iliac tortuosity (EIA++)**



Literature

- **Della Schiava, AVS, 2016**
 - **Comparison IBE / Zbis**
 - **IBE**
 - more conformable with the anatomy
 - Less shortening of the iliac length

Conclusion

- **Zbis : *the standard of care***
 - Rigid
 - Bridge stenting
 - Data++
- **IBE : *the high flyer***
 - Conformability, behavior in tortuosity
 - One piece
 - Long term ?

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