Vascutek fenestrated endograft Current indications and limitations

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Faculty Disclosure

I disclose the following financial relationships:

Consultant and paid speaker for Vascutek UK

Paid speaker for EV3/Covidien

Systematic Review – Juxtarenal AAA

Nordon et al EJVES 2009;38:35-41

n=368 FEVAR n= 1164 Open Repair

	f-EVAR	OR	
30D Mortality	1.4%	3.6%	p=0.02
Primary TVP	96.6%		
Late TVP	92%		
Permanent Dialysis	1.4%	1.4%	p=1
Re-intervention	15%	2.6%	p=.0001

Systematic review - FEVAR

Cross et al BJS 2012;99(2):159

- NO LEVEL 1 EVIDENCE
- 11 included studies from 276 articles
- 660 patients, mainly ASA III
- Included 165 short neck, 228 juxtarenal, 27 suprarenal, 20 Crawford Type IV
- Variable reporting of anaesthesia, fenestrations, scalloping, complications
- 2% 30 day mortality (11 patients)

3 choices

• Do a randomized controlled trial of FEVAR vs OR

 Accept that FEVAR is superior and first choice for juxtarenal AAA

Carry on randomly

What is stopping us?

FEVAR limitations

- Limited anatomical suitability
- Concerns re long-term durability
- Technical difficulty
- Cost
- Manufacturing delay of custom grafts

Does a new graft address any of these issues?

Fenestrated Anaconda - Concept



Fenestrated Anaconda - History

- Anaconda infra-renal graft CE mark 2005
- First in man Fenestrated Anaconda June 2010
- Indicated for juxtarenal and pararenal AAA
 1 to 4 fenestration devices, bifurcate or tube
- Publication of initial experience
 - Bungay et al JVS 2011;54(6):1832-8
- 100th implant April 2012
- Total to date 118



Addressing FEVAR limitations

Flexibility



• Flexibility



Fenestrations of any size in any position





• Fenestrations of any size in any position



Cannulation from brachial access



Reducing technical difficulty

- Brachial access
- Repositionable graft body



Reducing technical difficulty

Constraining graft assists cannulation



Long term durability

- Zero column strength fenestrated zone
- Bifurcate body eliminates risk of type 3 leak



Limitations

Limitations of fenestrated Anaconda

- Largest ring stent 34mm
- Not a branched graft
- Custom made

Custom

High cost

Risk of interval rupture during planning/manufacture

Risk of technical failure (Type 1a endoleak & loss of target vessels) very low

Off-the-shelf

? Cost benefit

No delay. Applicable to acute aortic syndromes

Increased risk of technical failure



Summary

- New FEVAR graft
- Potential for wider anatomical applicability
- Ease of use
- Durability
- Custom versus OTS
- Registry data
- ? RCT



Thank you

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