

# TIPS AND TRICKS FOR BRANCHED ILIAC

**G** Pratesi

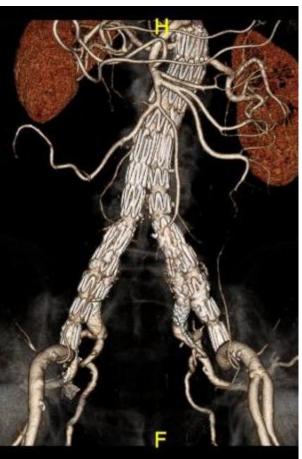


#### **Disclosures**

#### No disclosures

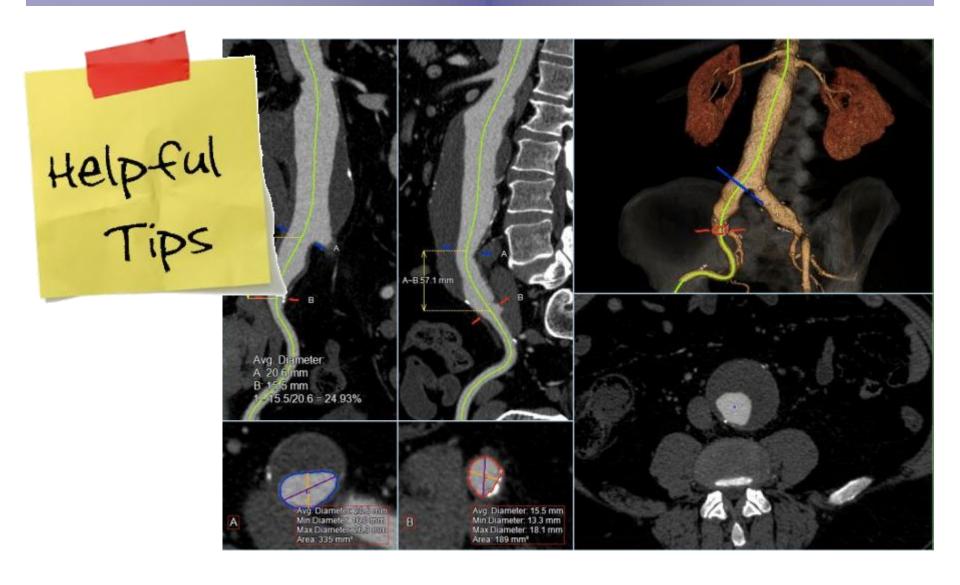
### Branched iliac: standardized technique



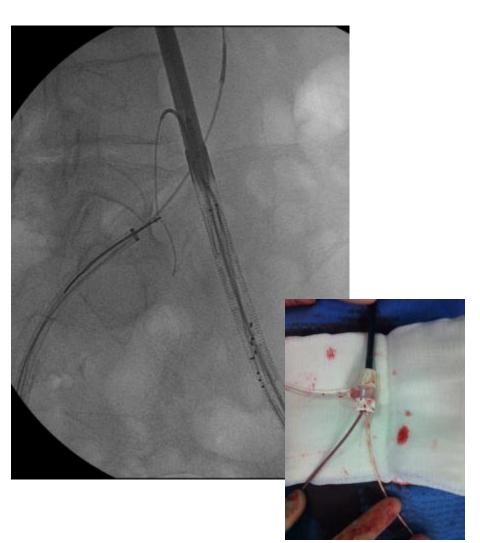


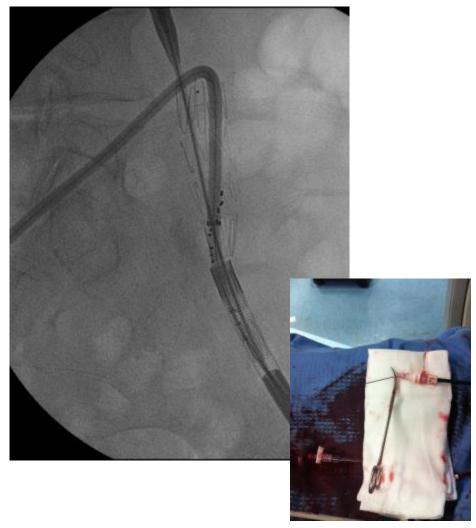


## Tips and tricks for branched iliac: accurate indication and planning

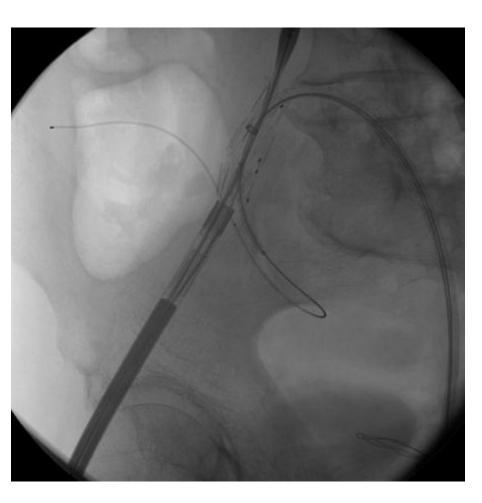


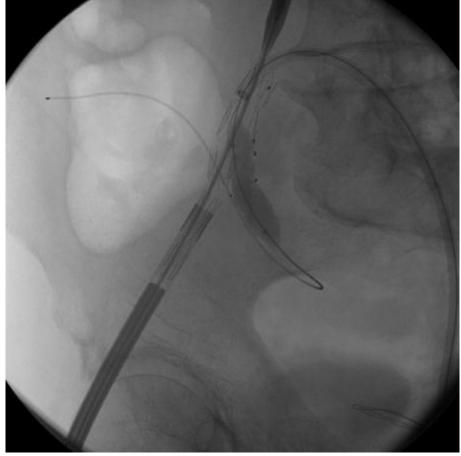
## Tips and tricks for branched iliac: simplify the procedure



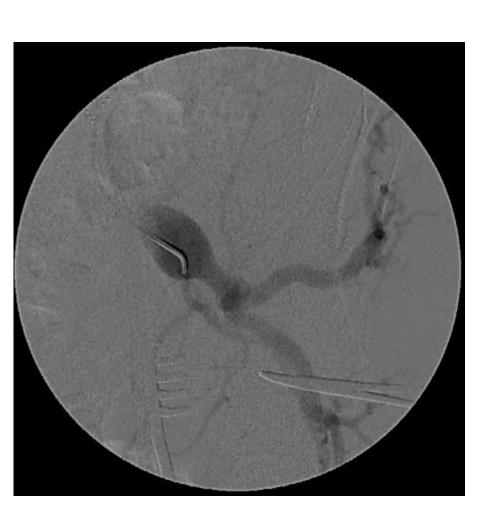


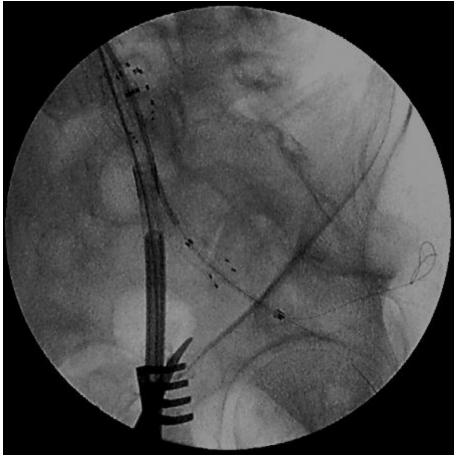
## Tips and tricks for branched iliac: secure access to hypogastric artery





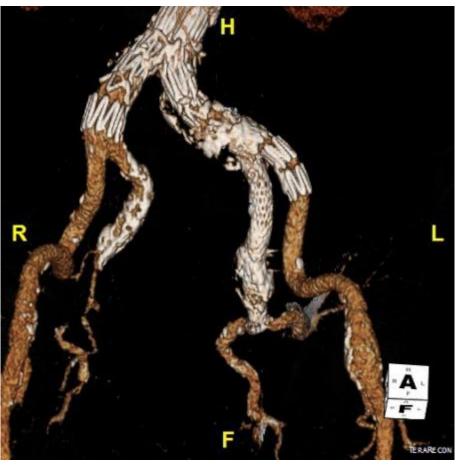
## Tips and tricks for branched iliac: optimazing hypogastric landing





## Tips and tricks for branched iliac: optimazing hypogastric landing





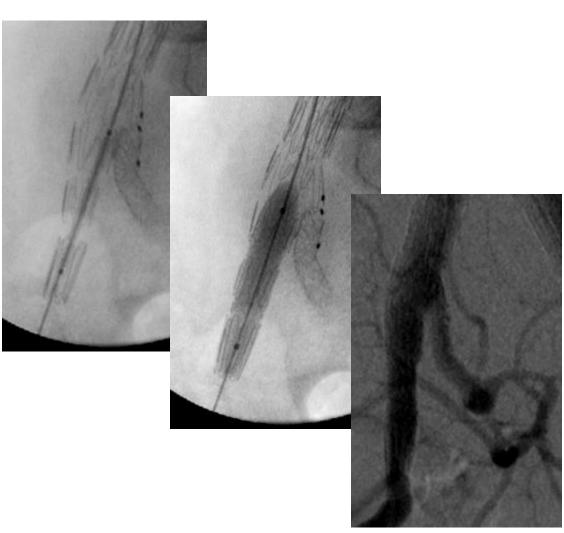
### Tips and tricks for branched iliac: stabilize the branch





## Tips and tricks for branched iliac: external segment stenting

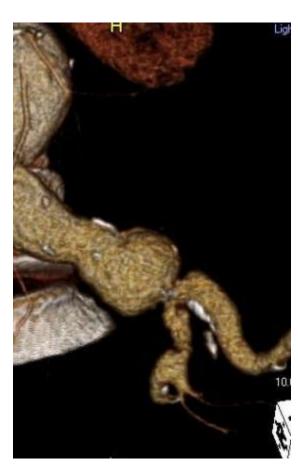


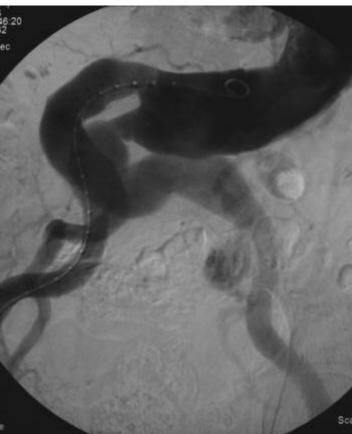


## Tips and tricks for branched iliac: iliac branch kissing stenting



### Tips and tricks for branched iliac: avoid extreme anatomies





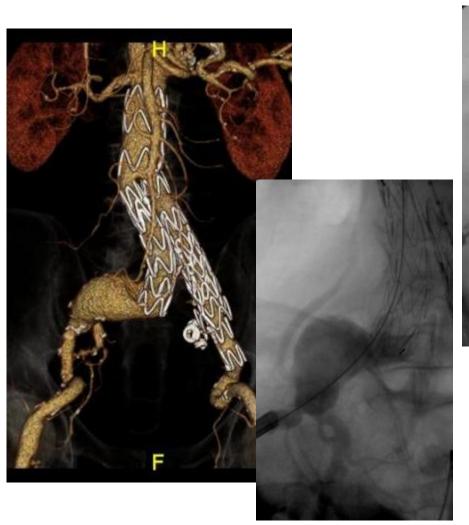


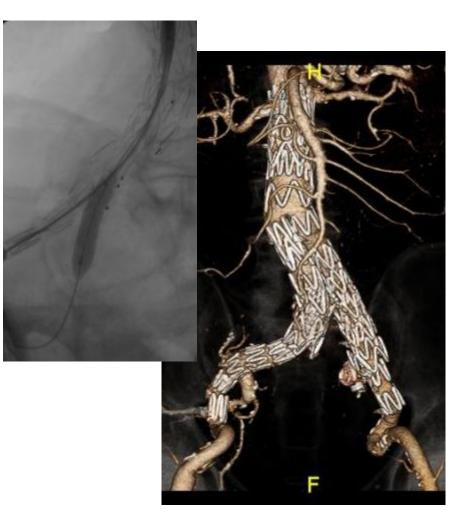
Shape of aneurysm

**Tortuous Iliac Anatomy** 

Take-off angle

### Tips and tricks for branched iliac: brachial access





### Tips and tricks for branched iliac: tailored device selection

**ZBIS** 



Helical

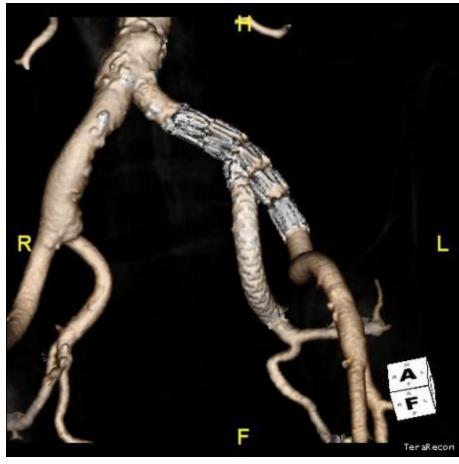


Bif-bif



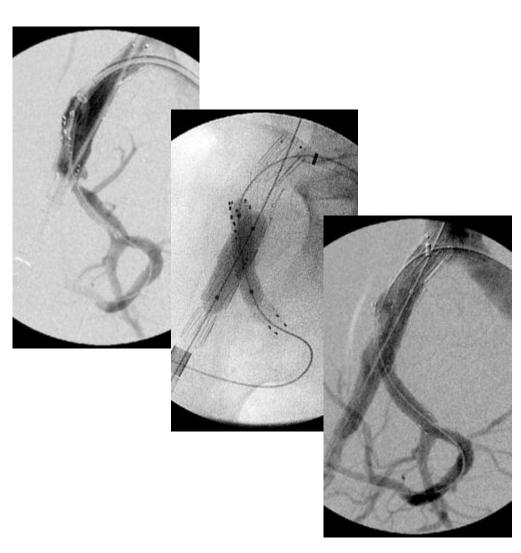
### Tailored device selection: straight branch (ZBIS)





### Tailored device selection: helical branch



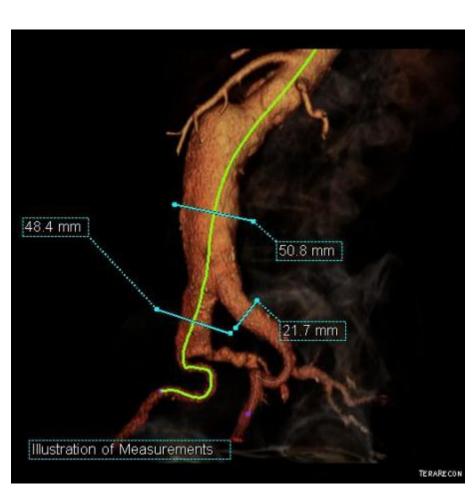


### Tailored device selection: helical branch





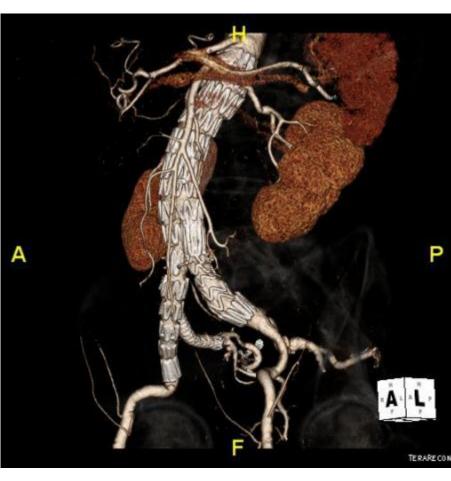
### Tailored device selection: bifurcated-bifurcated branch



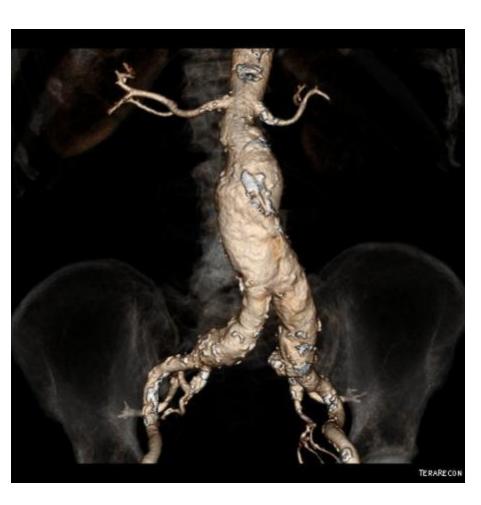


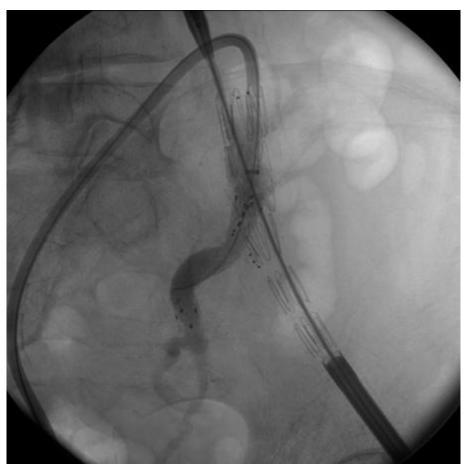
### Tailored device selection: bifurcated-bifurcated branch



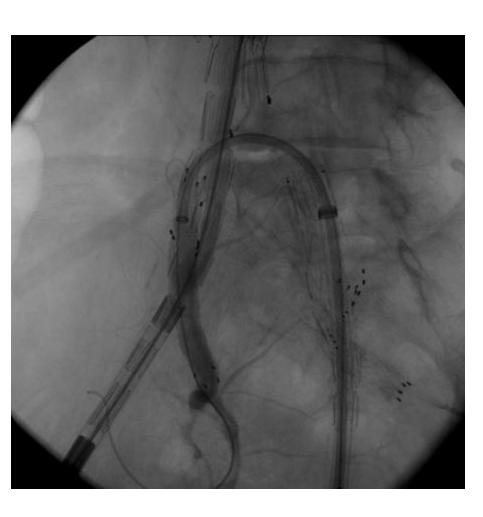


### Tailored device selection: helical+bifurcated-bifurcated branch





### Tailored device selection: helical+bifurcated-bifurcated branch





#### Vascular Surgery – University of Florence

#### 565 EVAR: 74 branch graft (13.1%)

(September 2007 - March 2012)

### 74 IBDs in 70 patients

70 male; mean age: 77,2 y (range 63-87)

AAA + unilateral CIAA	30 (42.8%)
AAA + bilateral CIAA	26 (37.1%)
Unilateral CIAA+ ectatic aorta	6 (8.5%)
Bilateral CIAA+ ectatic aorta	4 (5.7%)
Isolated CIAA	3 (4.2%)
Distal type I EL in previous EVAR	1 (1.4%)

### Early results

	N	%
Technical success	74	100
Branch occlusion	_	
Iliac endoleak*	2	2.7
Reintervention	1	1.3
Limb occlusion	1	1.3
Buttock claudication**	7	9.4
Mortality	-	



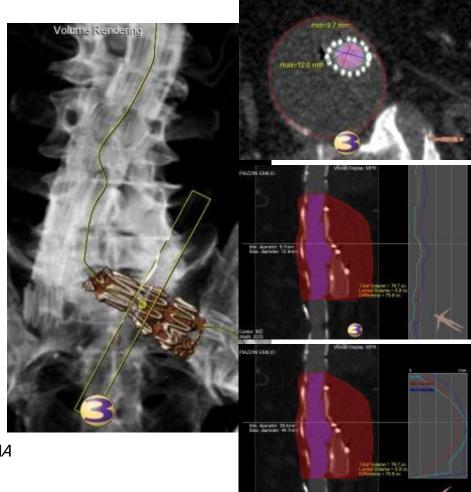
<sup>\* 1</sup> pts with hypogastric exclusion without embolization

Mean hospitalization: 3.6 d (range 2-7)

<sup>\*\*</sup> Omolateral to hypogastric exclusion in patients with bilateral CIAA

#### Mid-term results

	N	%
Branch occlusion	1	1.3
Iliac endoleak	1	1.3
CIAA shrinkage	24	32.4
Reinterventions	1	1.3
Limb occlusion	-	
Buttock claudication*	5	6.7
Mortality	5	6.7



<sup>\*</sup> Omolateral to hypogastric exclusion in patients with bilateral CIAA

Mean follow-up duration: 18.4 months (range 1-54)

#### Conclusions

Respect some key points to expand applicability without increasing the complexity of the procedure and compromising outcomes

