



CRITICAL ISSUES 20TH INTERNATIONAL EXPERTS SYMPOSIUM in aortic endografting 2016

May 20 & 21, 2016 - BARRIÈRE HOTEL - LILLE - FRANCE



DEBATE: “Off the shelf” branched endograft should always be the first option . Team OFF THE SHELF

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www.critical-issues-congress.com

Disclosure of Interest

Proctor Cook™ Company

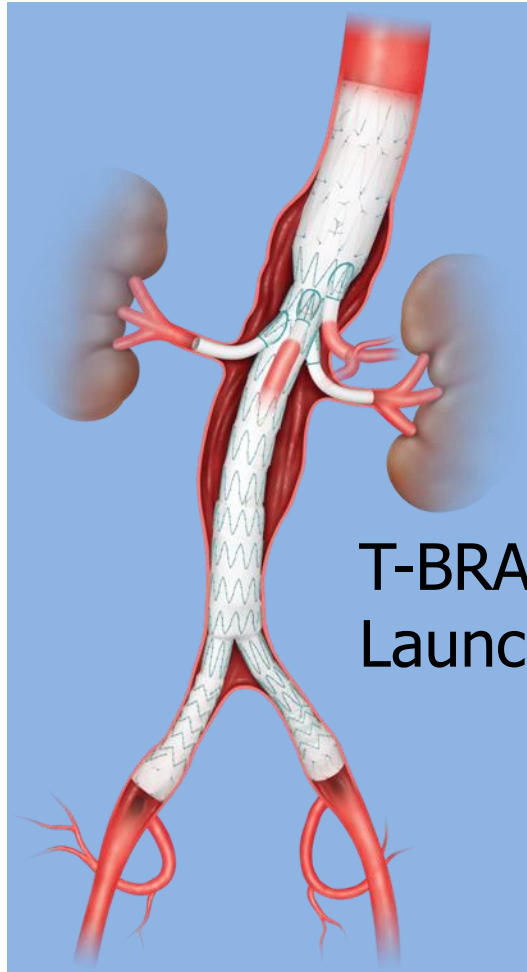
- I like CMD-BEVAR because:
- Exact adjustment to the pt anatomy.
 - Freedom regarding design.
 - Evidence regarding outcome.

Well established for more than 10 years.

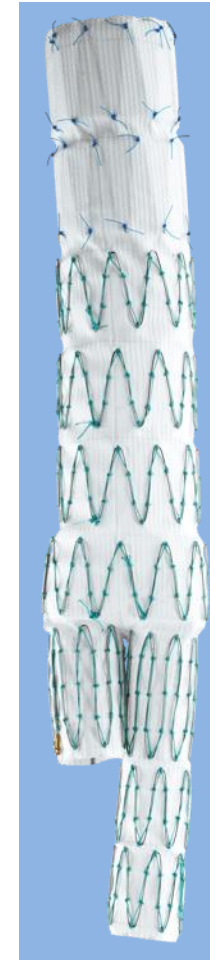
- But is this also the right answer for:
- Symptomatic aneurysms.
 - Ruptured aneurysms.
 - Very big aneurysms >8 cm.

Off-The-Shelf mBEVAR for TAAAs

Off the shelf:



T-BRANCH (COOK™):
Launched 9/2012

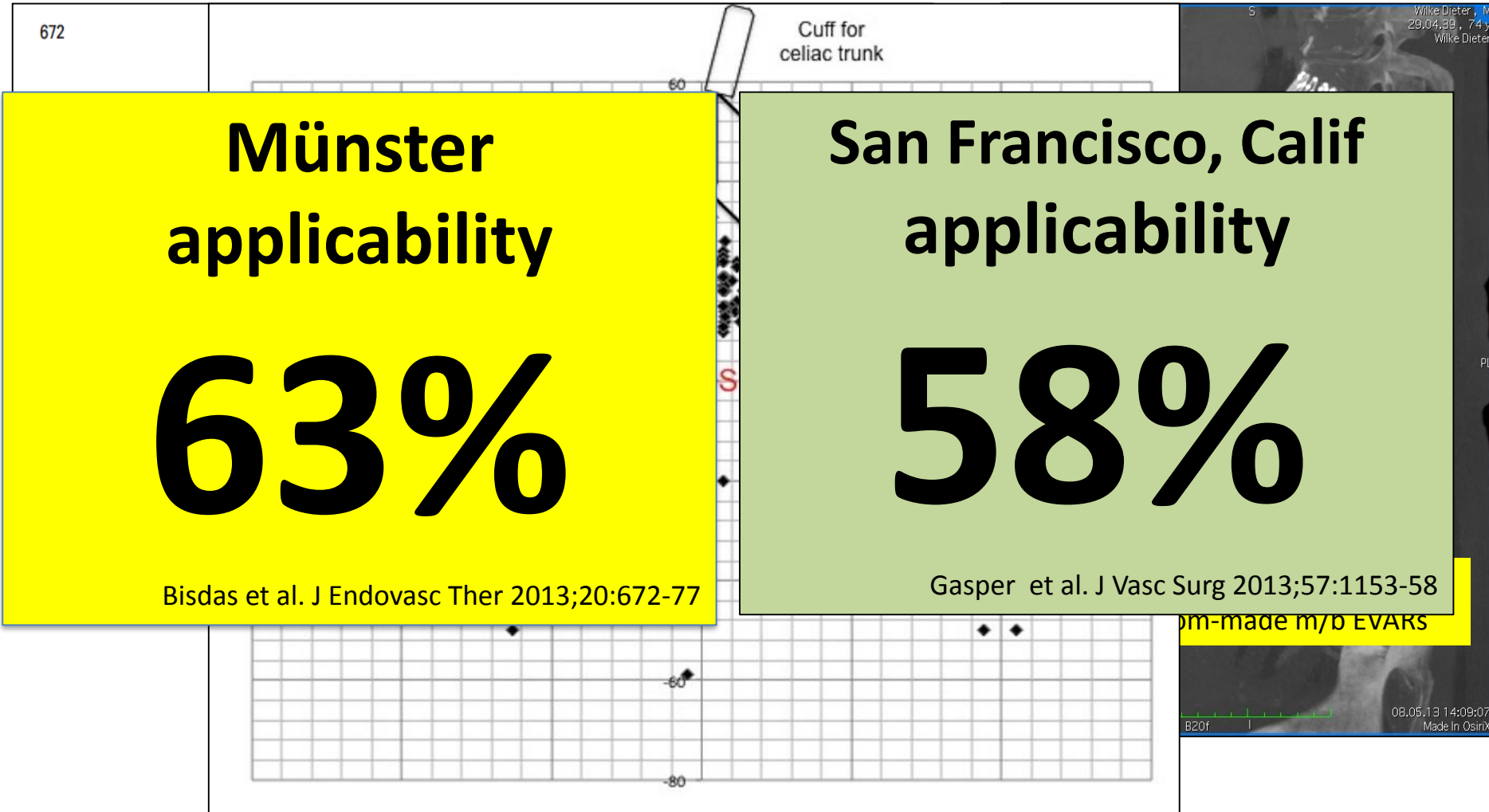


quick
standardized
effective
cheap

- Why should we launch endovascular treatment?
1. Not a new technology (CE-Mark)
 2. Very effective in planning.
 3. Standardized, giving.
 4. Cheaper than similar results.

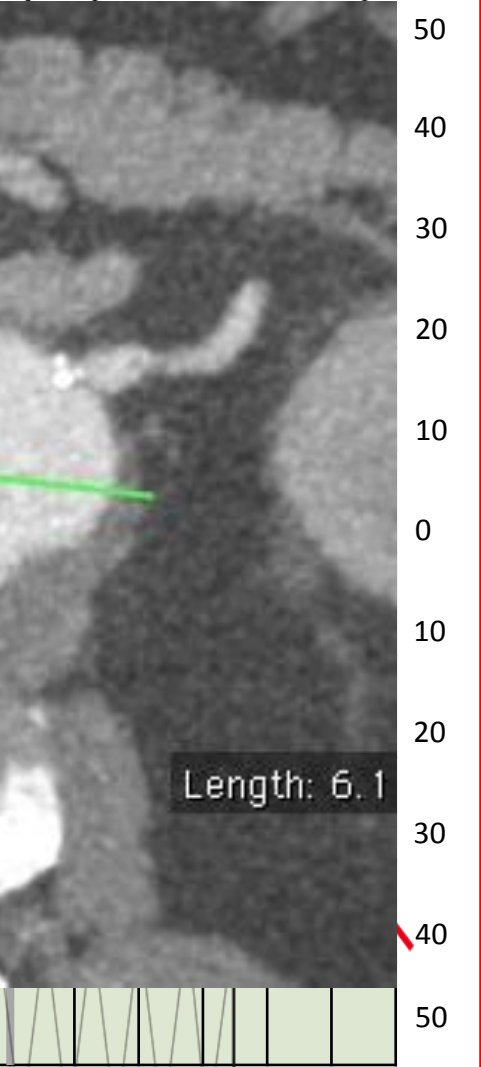
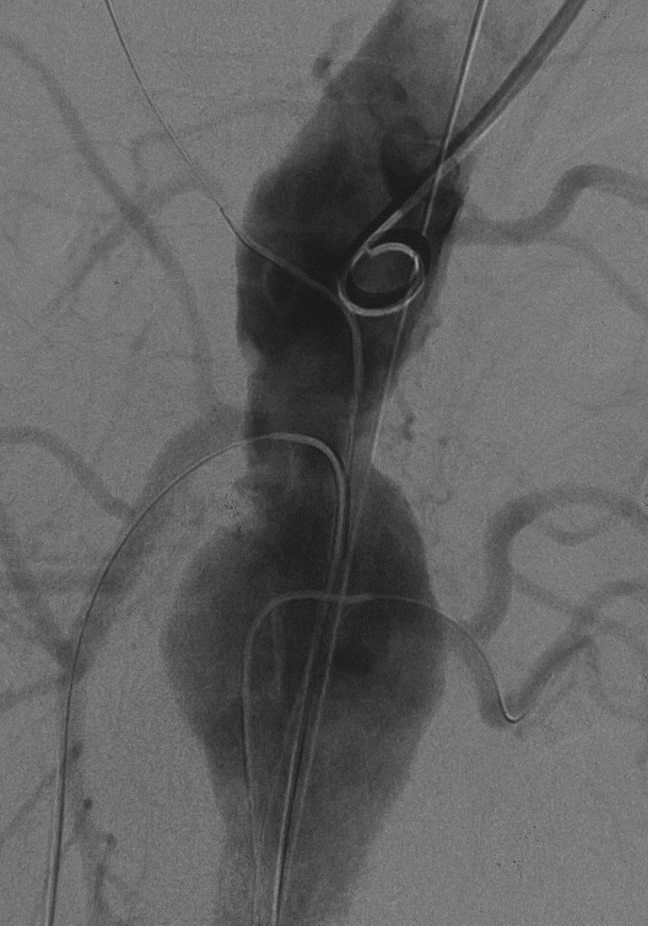
Off-The-Shelf mBEVAR for TAAAs

Advantage: Applicability



Off-The-Shelf mBEVAR for TAAAs

Advantage: Planning



Off-The-Shelf mBEVAR for TAAAs

Standardized Implantation:

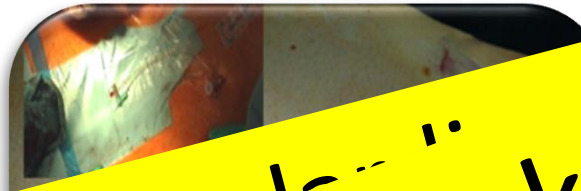


Off-The-Shelf mBEVAR for TAAAs

Early closure of the groins



Implantation of t-branch and distal tube or bifurcated endograft



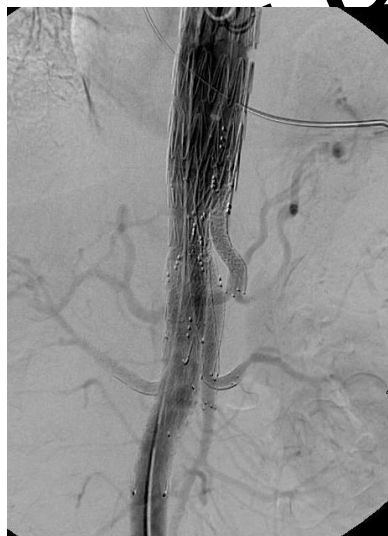
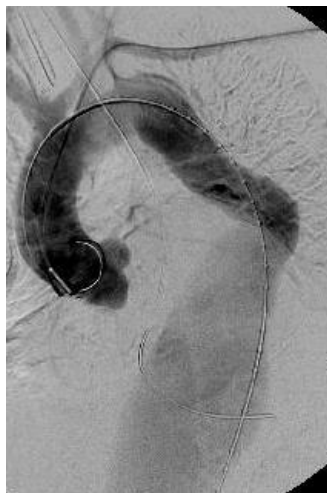
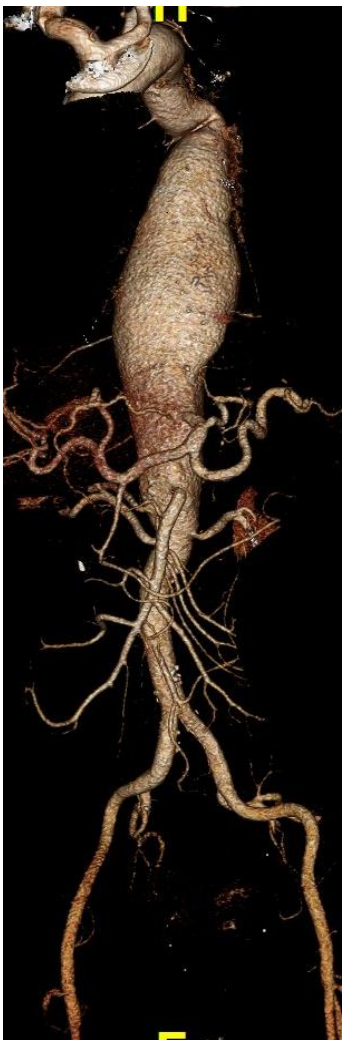
Advancement of bridging endografts

Save standard
Minimizing risk for SCI
(one by one step)!

all sheaths –
storage of limb perfusion

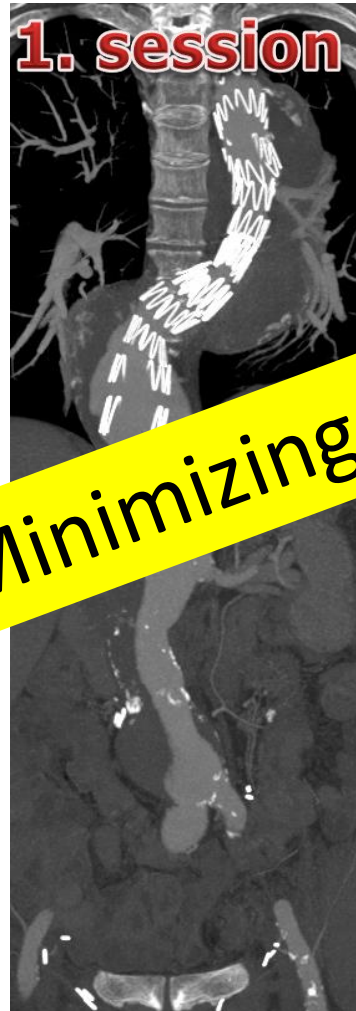
Off-The-Shelf mBEVAR for TAAAs

Symptomatic thoraco-abdominal aneurysm

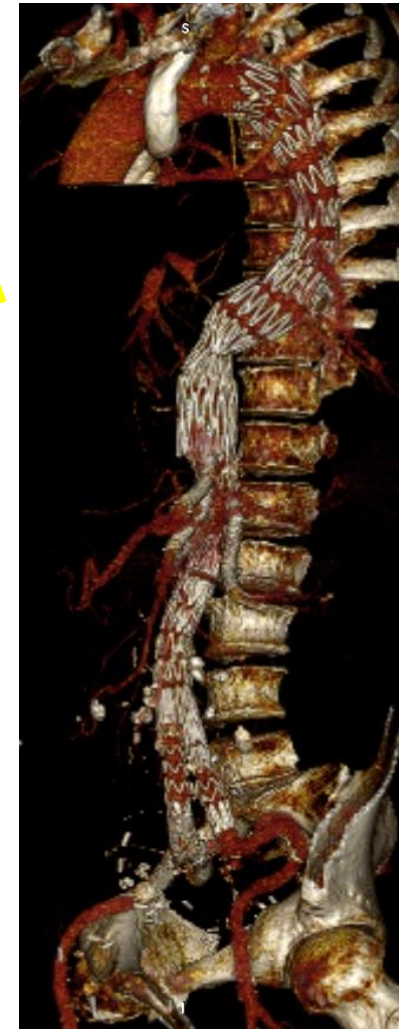


Off-The-Shelf mBEVAR for TAAAs

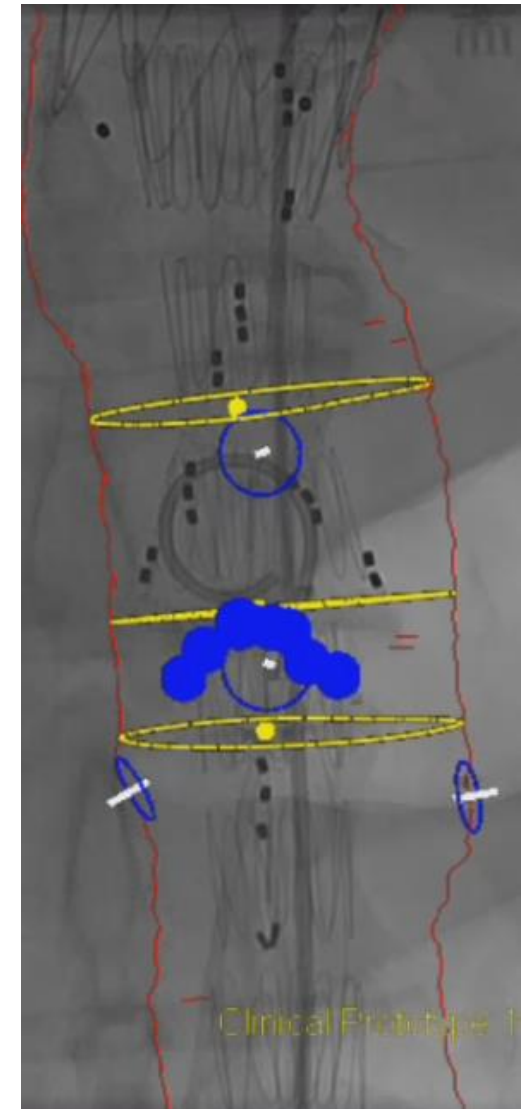
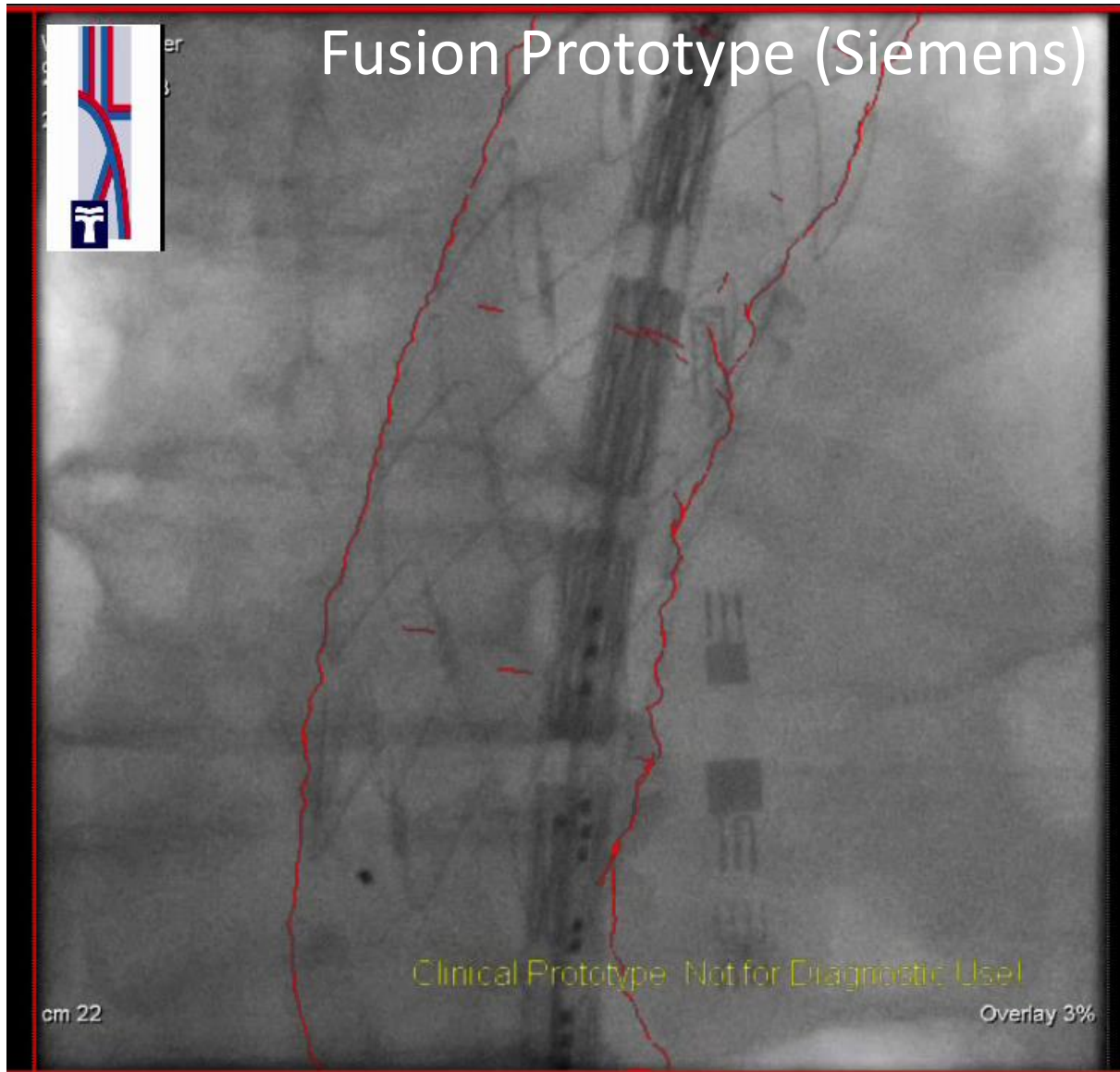
Thoraco-abdominal Typ B Dissection with false lumen aneurysm



Minimizing risk for SCI

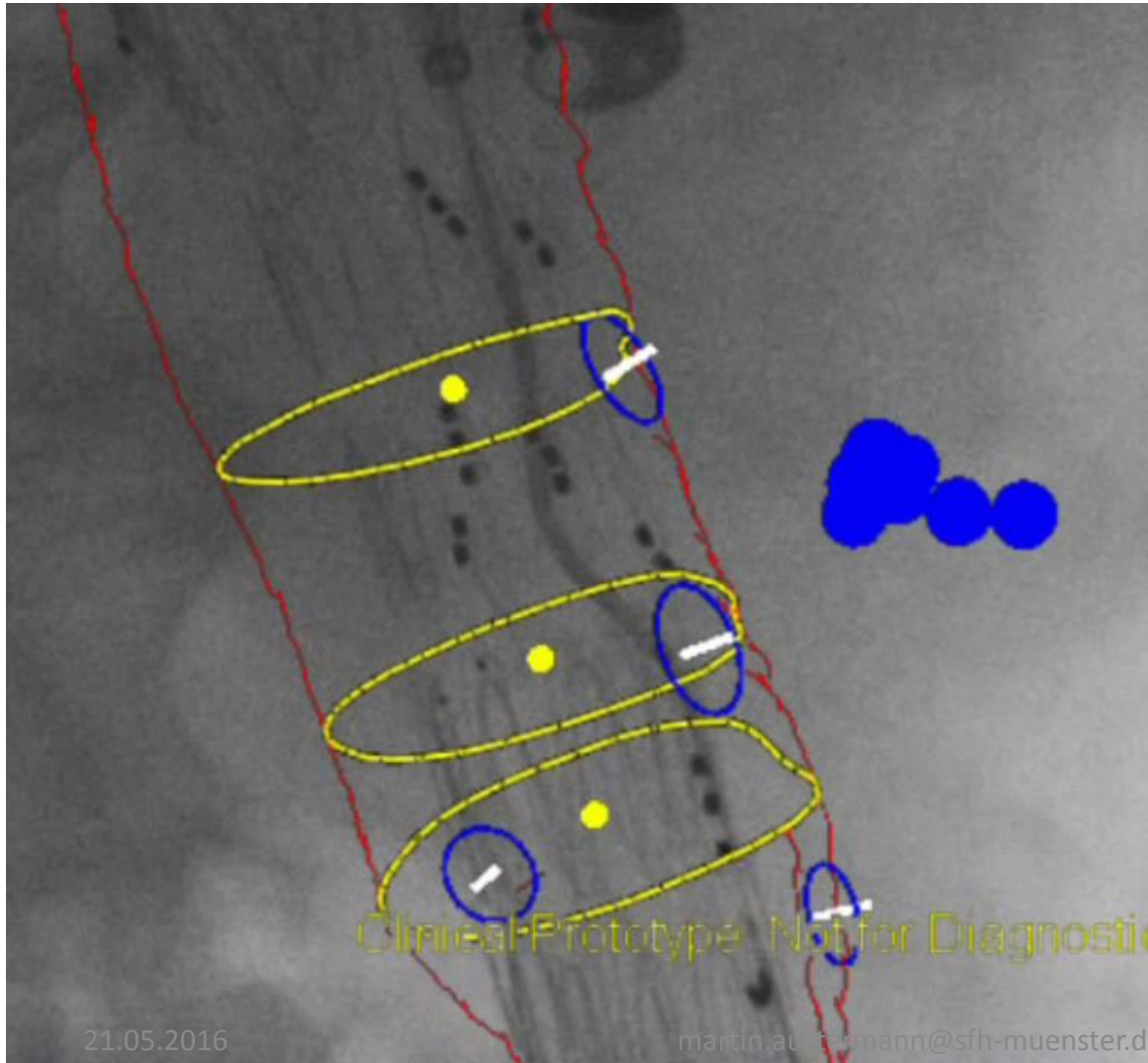


Off-The-Shelf mBEVAR for TAAAs



Off-The-Shelf mBEVAR for TAAAs

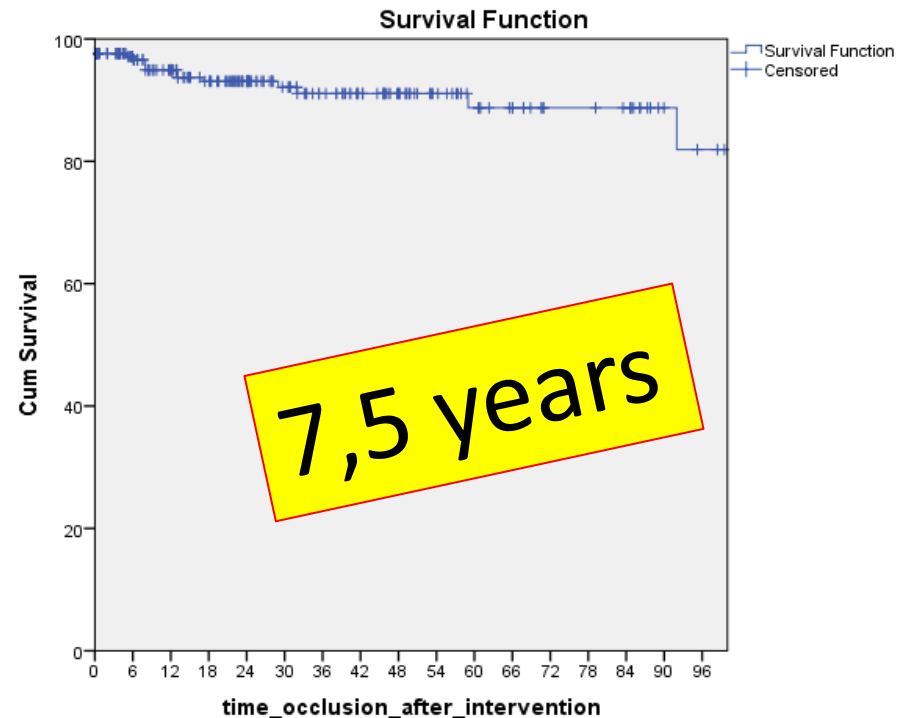
Fusion Prototype (Siemens)



Off-The-Shelf mBEVAR for TAAAs

4/2005 – 5/2015

223 pt were treated with **264 IBD`s**:
(Mean age 71±8 Y, 217 (97%) male, 4 lost in FU)

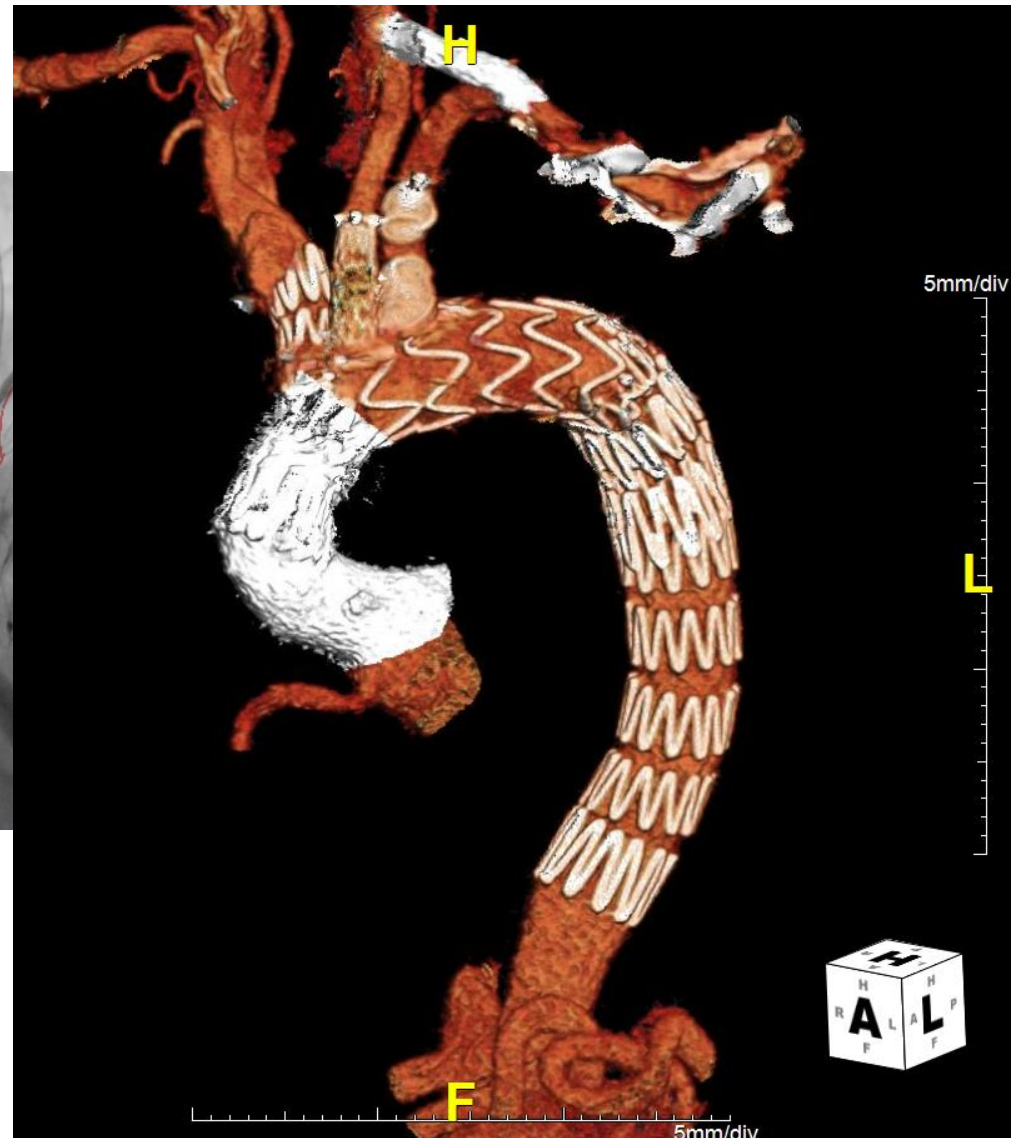
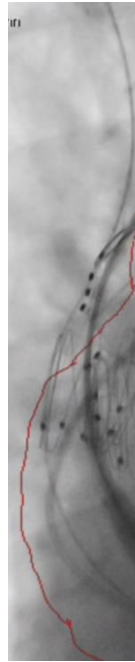
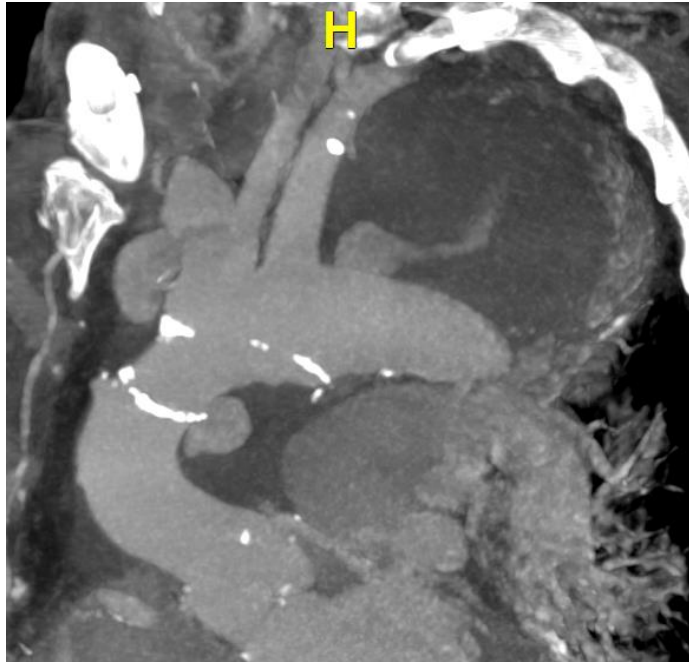


Freedom from Occlusions @ 90Months:

82%

Off-The-Shelf mBEVAR for TAAAs

A-Branch





Limitations:

Kinked anatomy.

Aortic lumen too short.

Not suitable target-
or access vessels.

Custom-made br-EVARs *versus* t-branch

Patients' characteristics*

N=46 patients

Study period: 01/2010 – 12/2013

	CMD mBEVAR N=24	t-branch N=22
Age (mean, years)	71±6	70±8
ASA Score 4	19 (79%)	16 (73%)
Crawford I	2 (8%)	0
Crawford II	4 (17%)	9 (41%)
Crawford III	9 (38%)	12 (55%)
Crawford IV	9 (38%)	1 (4%)
Typ B Dissektion	1 (5%)	2 (10%)
Symptomatic/ruptured	1 (5%)	3 (15%)

*no statistically significant difference between comorbidities

Off-The-Shelf mBEVAR for TAAAs

Results

Mean FU-time für **CMD br-EVAR**: 13±11 months

Mean FU-time für **t-branch**: 6±3 Monaten

	CMD br-EVAR N=24	t-BRANCH N=22	P*
Technical success	100%	100%	.99
Survival rates	71%	94%	.04
Freedom from reintervention	100%	90%	.07
Branch occlusion	0% (0/96)	5% (4/88)	.10
Paraplegia	1 (4%)	1 (5%)	.51

*Fischer exact test für categoric variables and log-rank test for possibility rates

Off-The-Shelf mBEVAR for TAAAs

Münster`s BEVAR experience 2012-2015:

Year /	BEVAR	CMD-branched	T-branch
2012 /	33	31	2
2013 /	30	12	18
2014 /	44	17	27
2015 /	36	7	29
Since 2012	143	67	76

Off-The-Shelf mBEVAR for TAAAs

Münster`s BEVAR experience: Branch-occlusions

Pt –No (n=143)	CMD-branched (pt 67)	T-branch (pt 76)
Pt 230		Both RA (HIT) (recan.)
Pt 231		RRA
Pt 237		RRA
Pt 247	RRA	
Pt 300	SMA	
Pt 346		Both RA (Polycythemia) (recan.)

Off-The-Shelf mBEVAR for TAAAs

Martin-Gonzalez T, Mastracci T, Carrell T, Constantinou J, Dias N, Katsargyris A, Modarai B, Resch T, Verhoeven E and Haulon S.

Mid-term Outcomes of **Renal Branches** Versus **Renal Fenestrations** for Thoraco-abdominal Aneurysm Repair.

European journal of vascular and endovascular surgery : the official journal of the European Society for Vascular Surgery. 2016.

449 pt.

445 renal branches

411 renal fenestrations

Occl. Rate

9,6%

2,3%

Maurel B, Delclaux N, Sobocinski J, Hertault A, Martin-Gonzalez T, Moussa M, Spear R, Le Roux M, Azzaoui R, Tyrrell M and Haulon S.

The impact of **early pelvic and lower limb reperfusion** and attentive peri-operative management on the incidence of spinal cord ischemia during thoracoabdominal aortic aneurysm endovascular repair.

European journal of vascular and endovascular surgery : the official journal of the European Society for Vascular Surgery. 2015;49:248-54.

Early restoration of arterial flow to the pelvis and lower limbs, and aggressive peri-operative management significantly **reduces SCI** following type I-III TAAA endovascular repair.

from **14 %** to **1,2 %**

Conclusions

“Off the shelf” branched endografts should always be the **first option, because:**

- 100% technical success in suitable cases
- High applicability (about 50%)
- No waiting time
- Comparable clinical performance to custom-made BEVAR.
- Standardization of the TAAA-therapy.
- Costs.

T-Branch for emergency cases saves lives!

Off-The-Shelf mBEVAR for TAAAs

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Thank you for your attention !

