



Lessons Learned on Arch Endografting

Critical Issues 2016

Endoluminaries
21 May 2016

Stephen W.K. Cheng

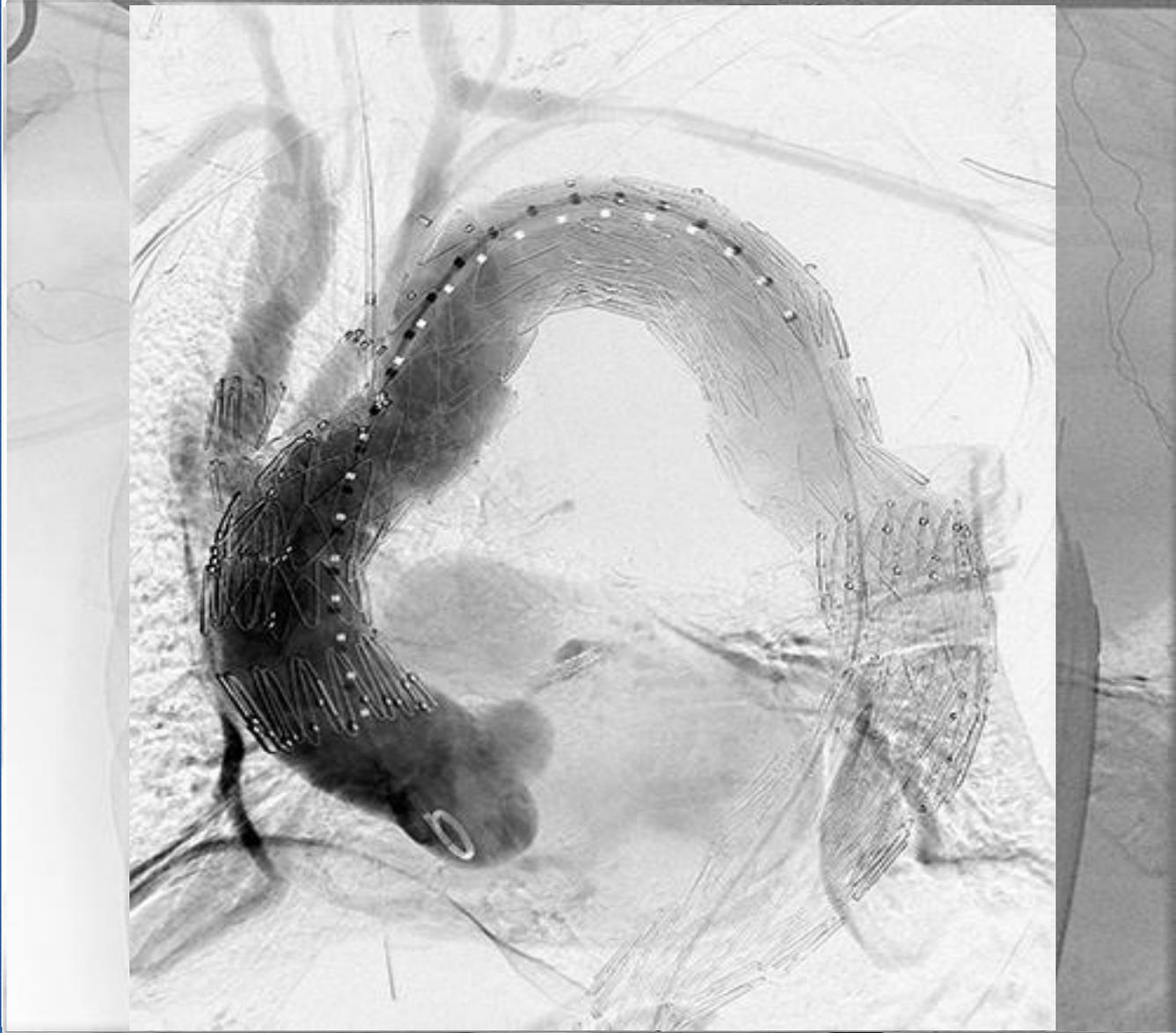
DEPARTMENT OF SURGERY

VASCULAR SURGERY
THE UNIVERSITY OF HONG KONG

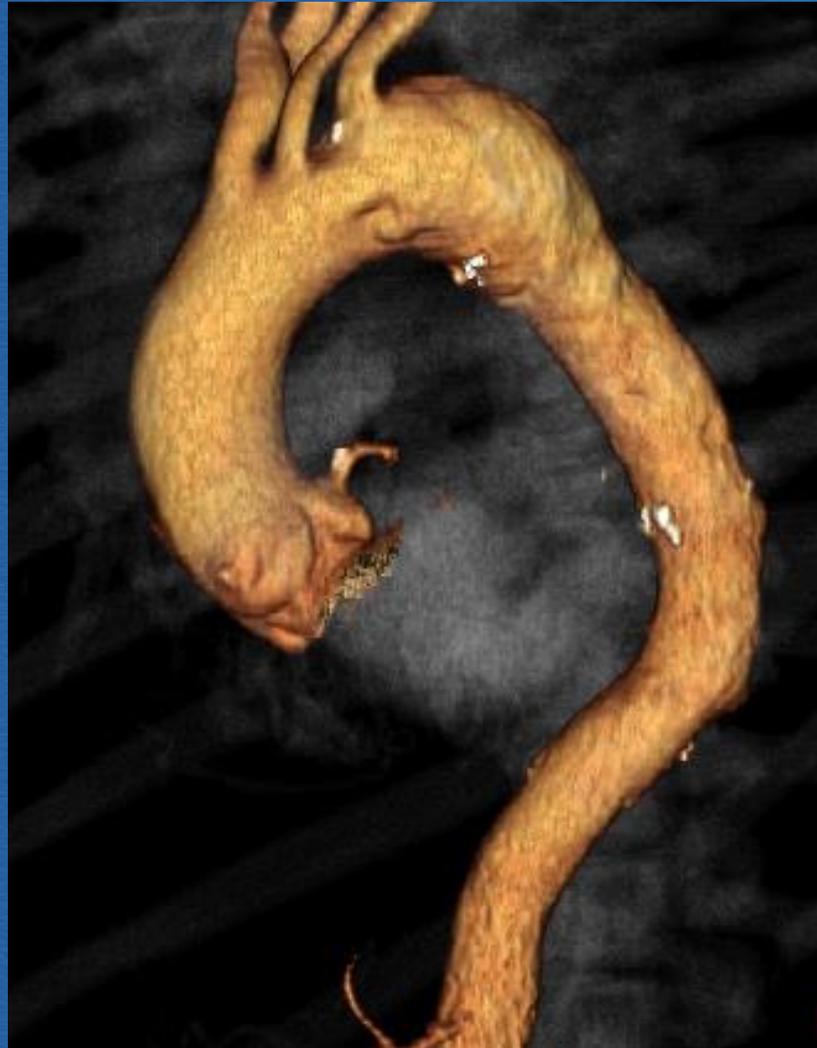


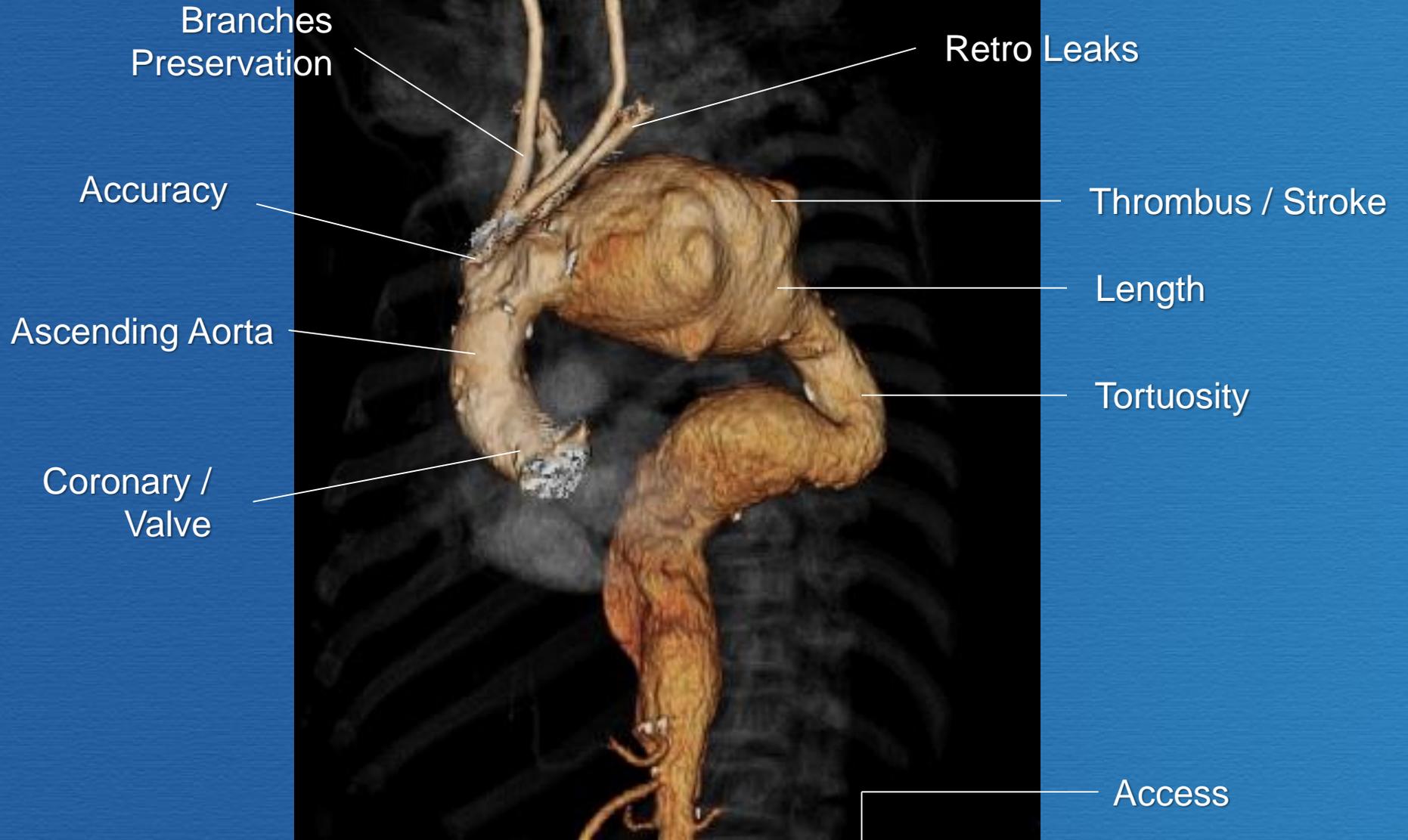
Learn from Experts

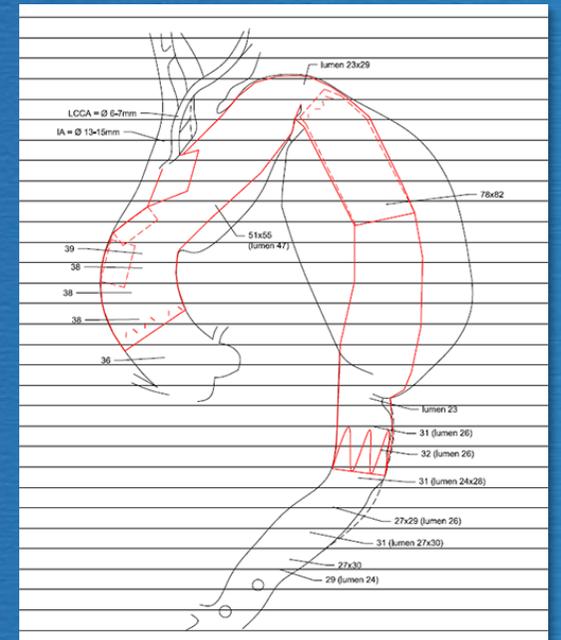
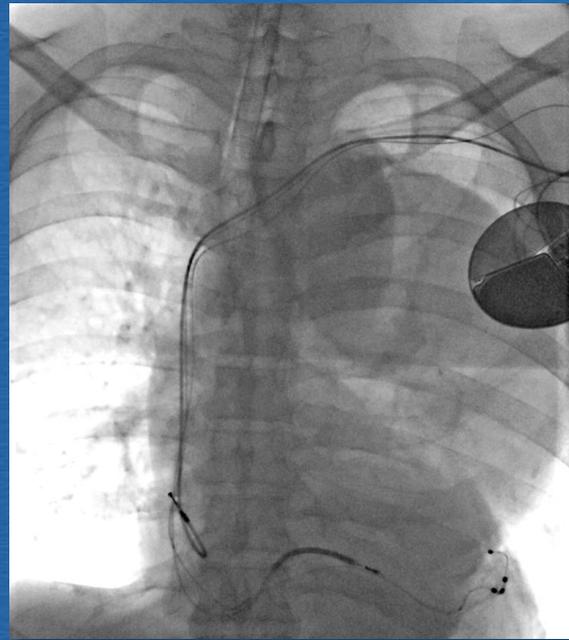
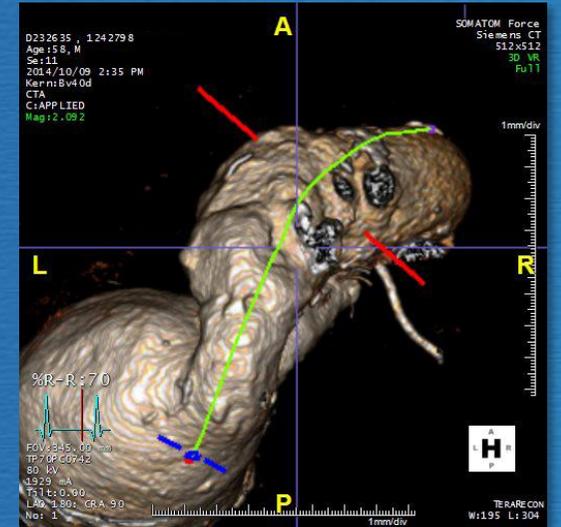
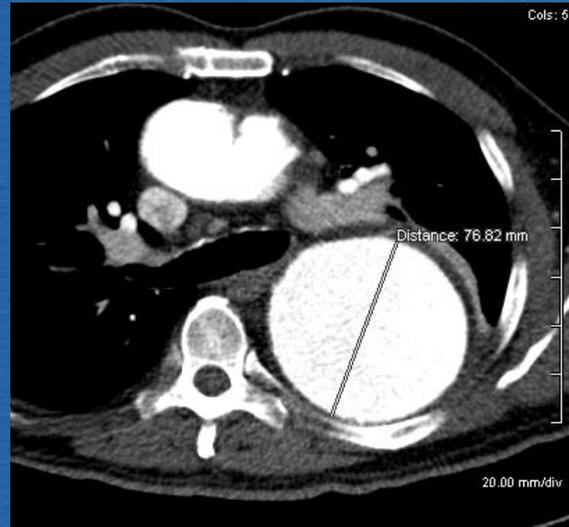


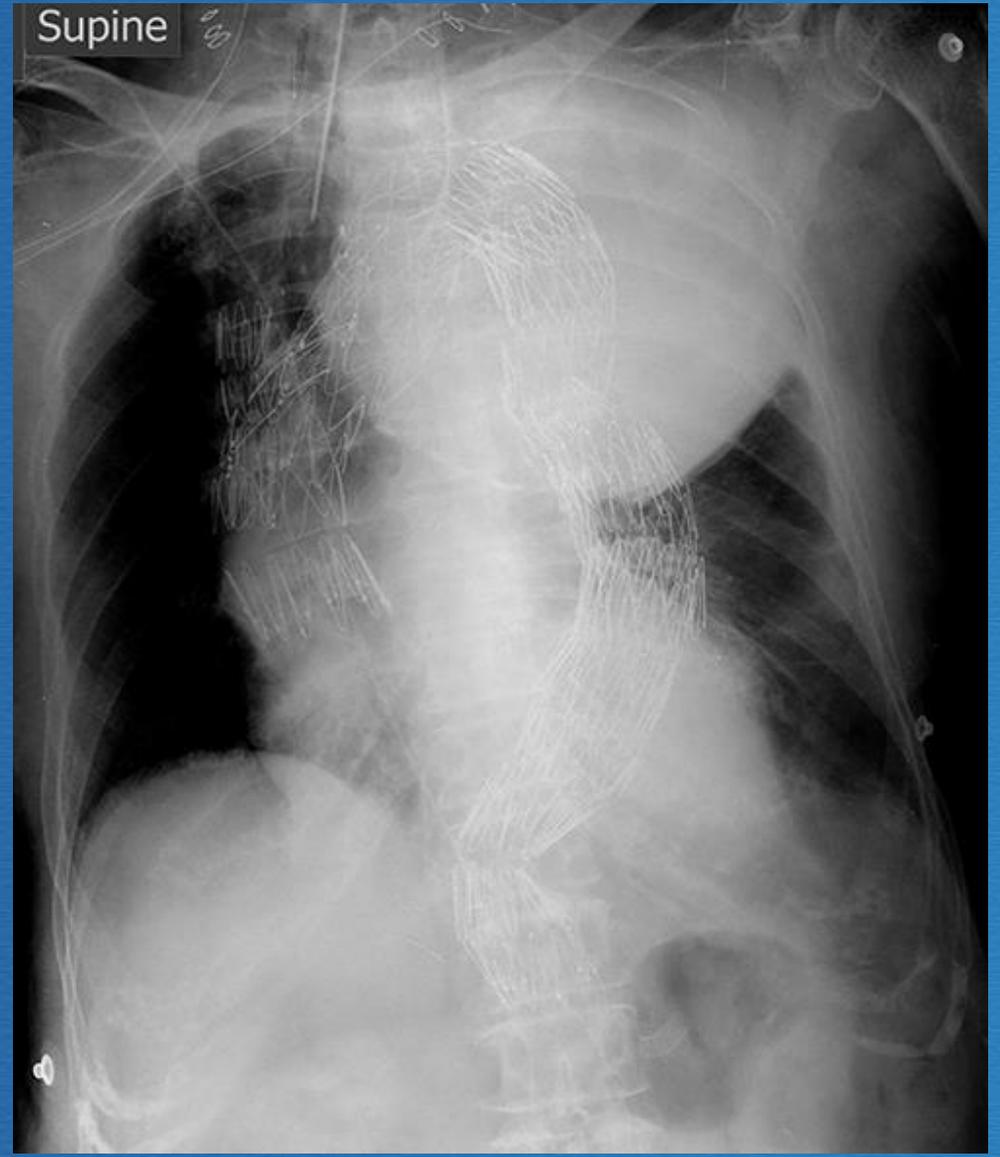


Get Nice Anatomy









Avoid large aneurysms

Do not delay

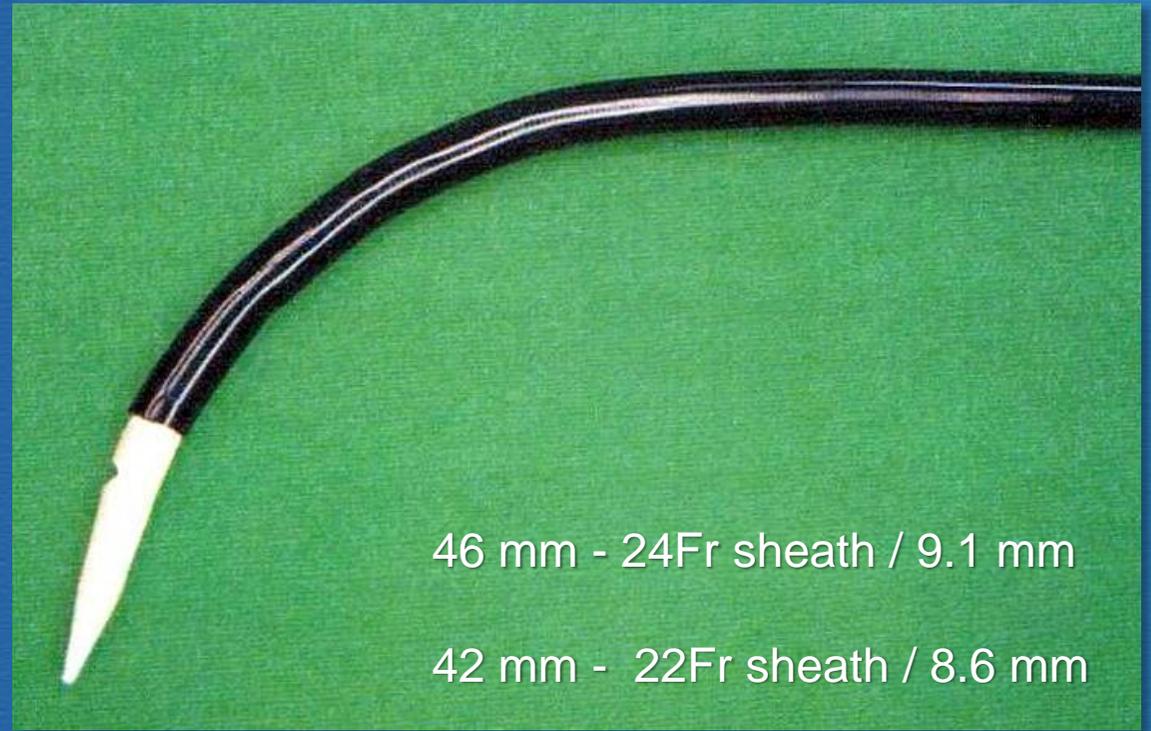
Staged L carotid-subclavian bypass

Shorten operating time

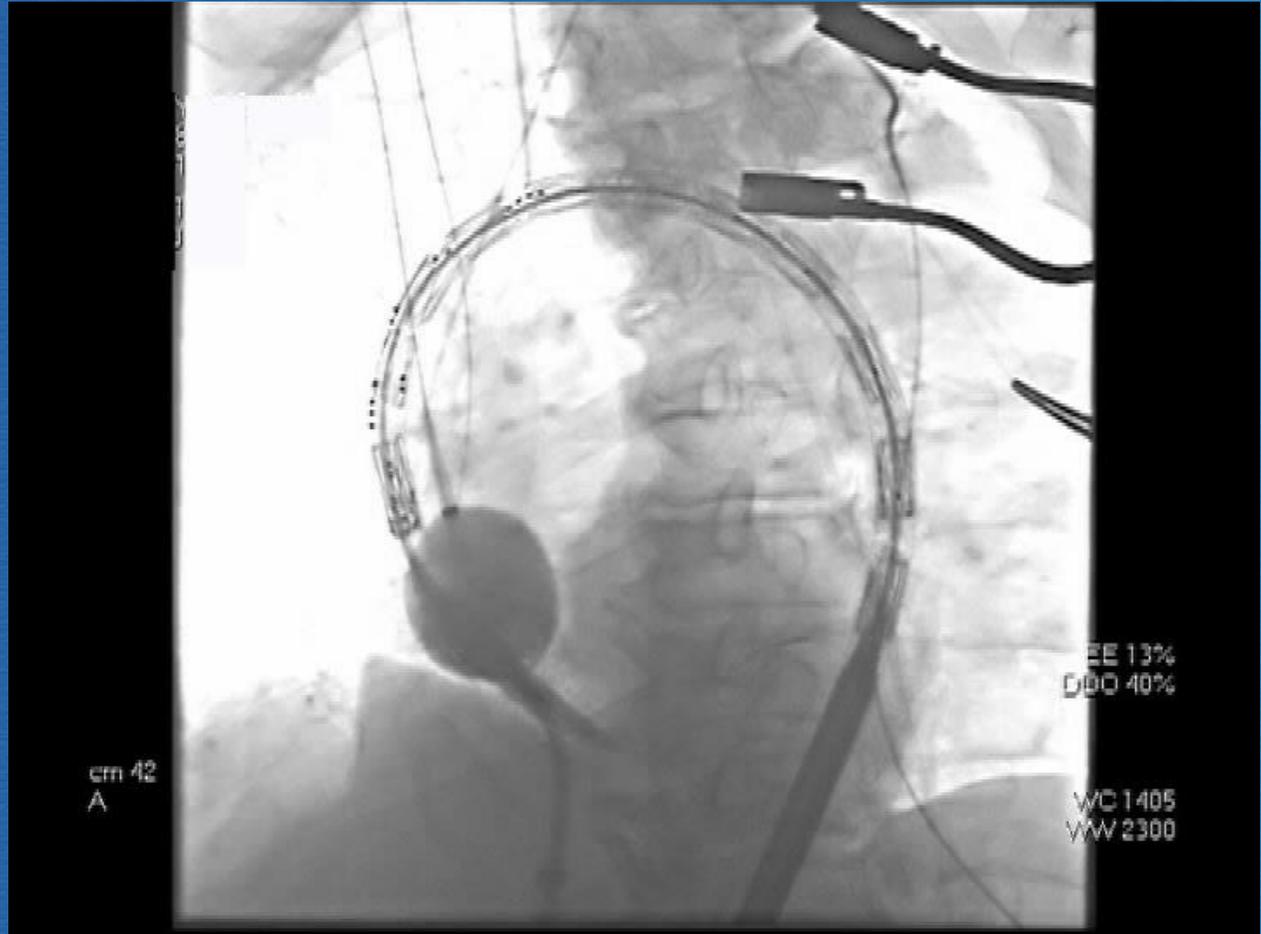
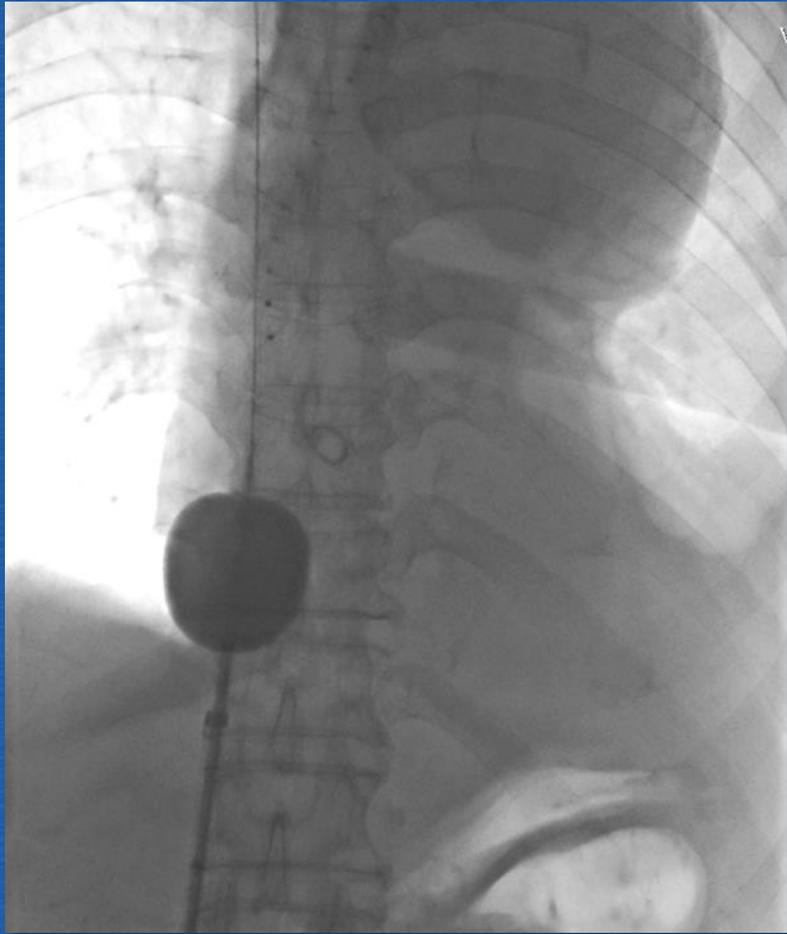
Start with good risk patients



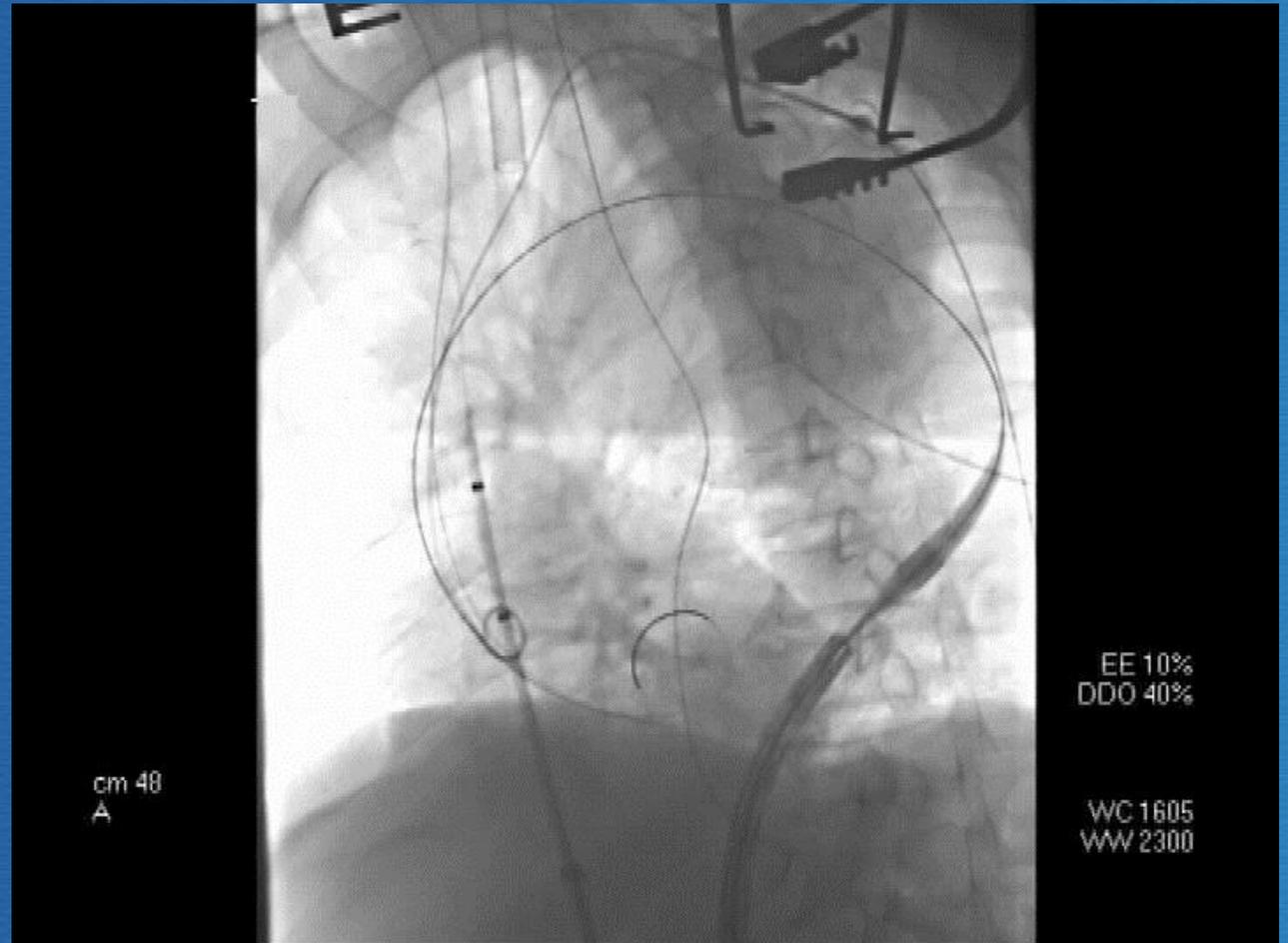
Liberal with access conduit



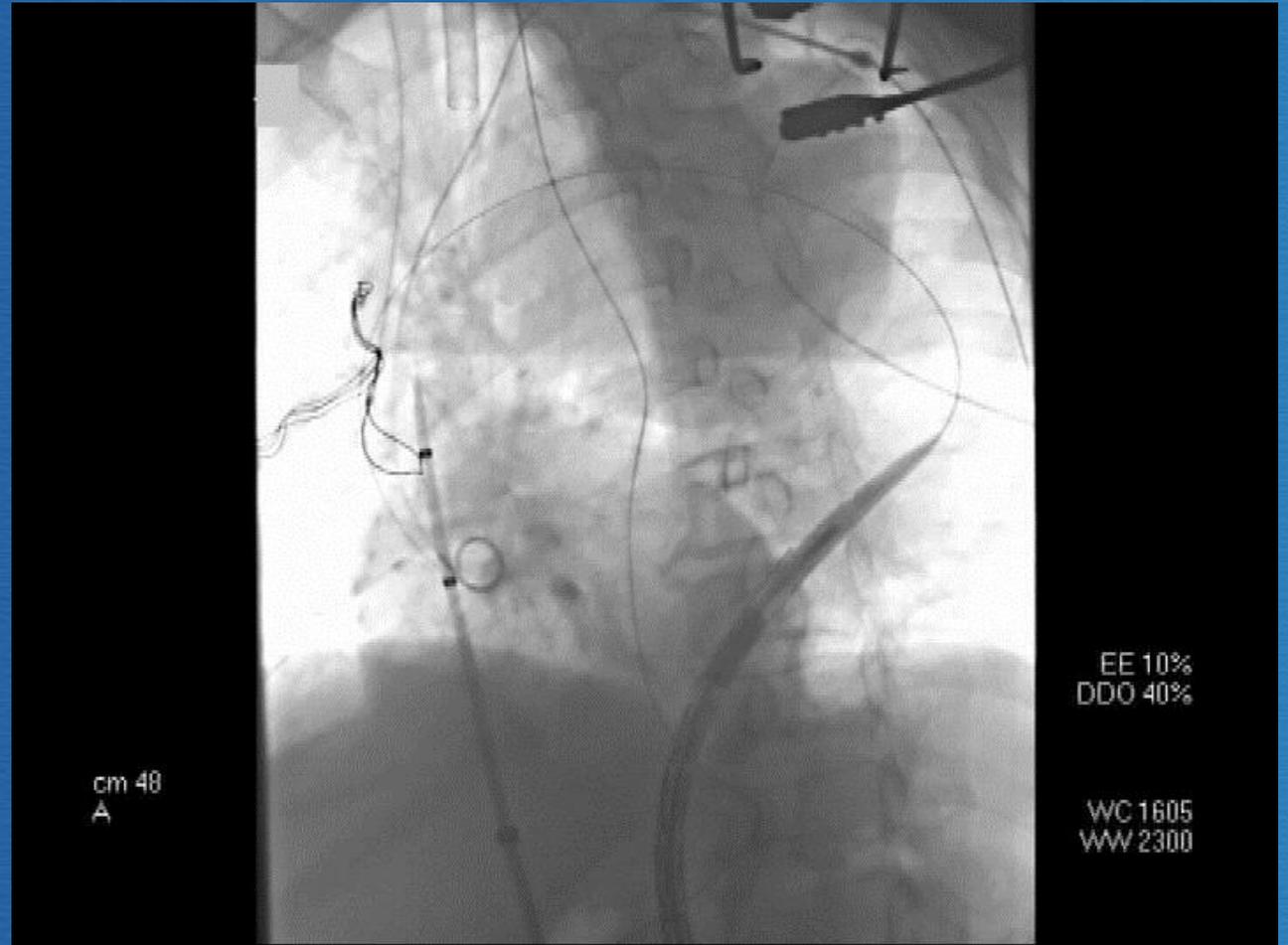
IVC Occlusion works well



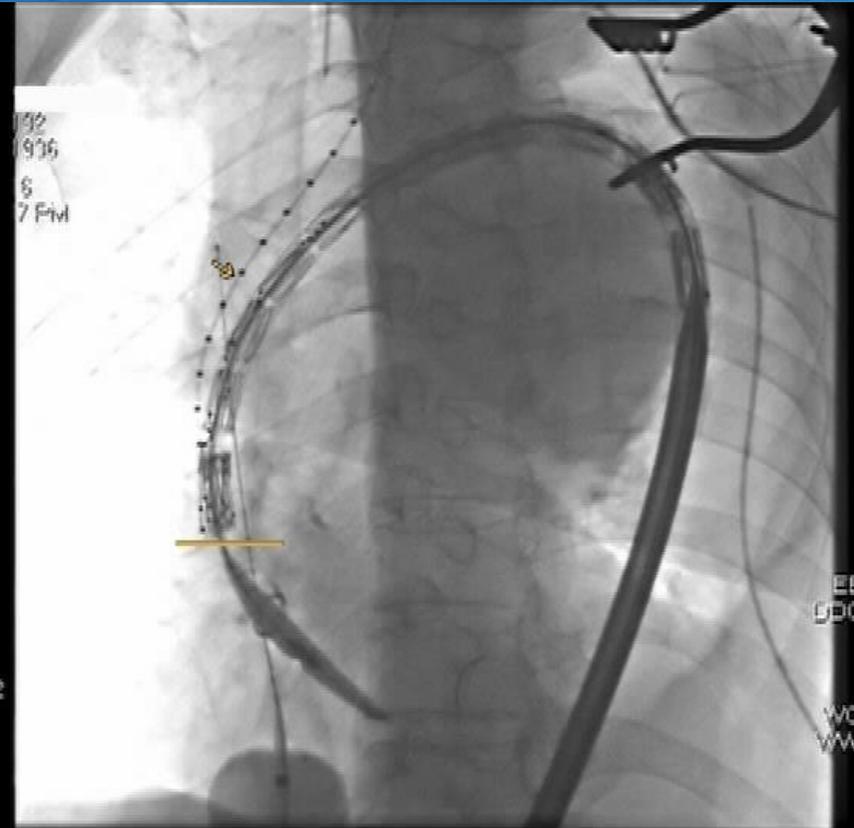
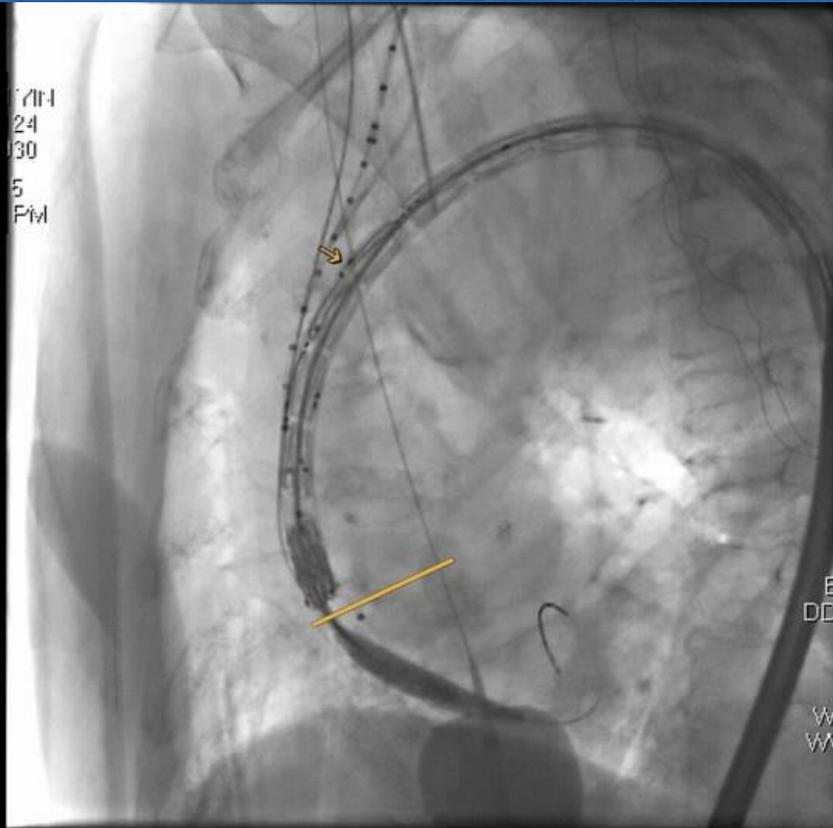
Beware Tortuosity



Beware Tortuosity



Deployment



It is not finished until it is finished



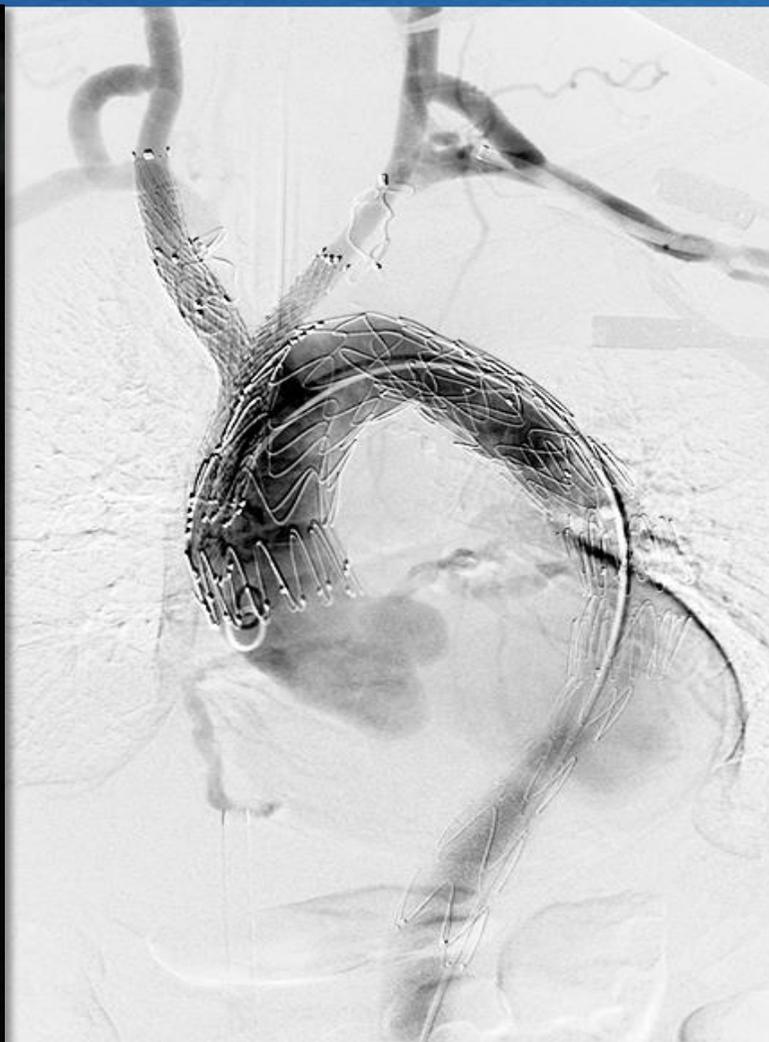
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cm 48
A

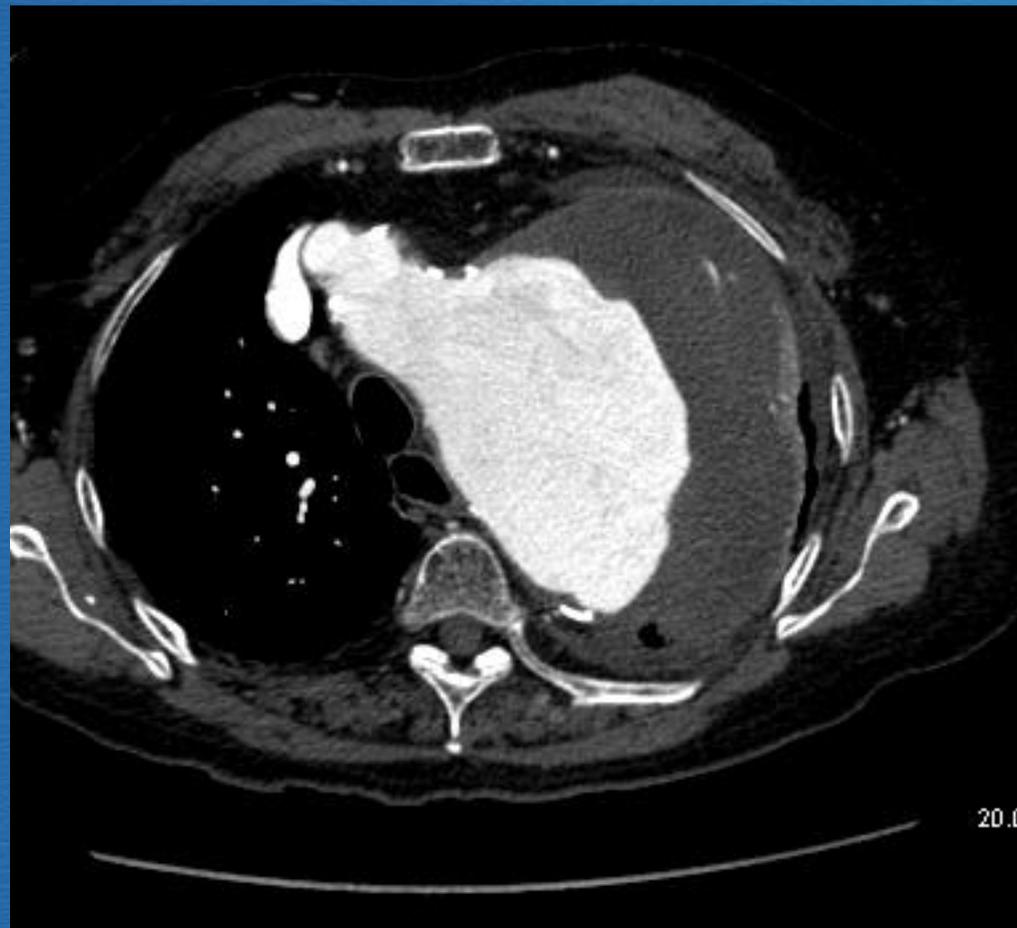
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ODO 40%

WC 1405
WW 2300

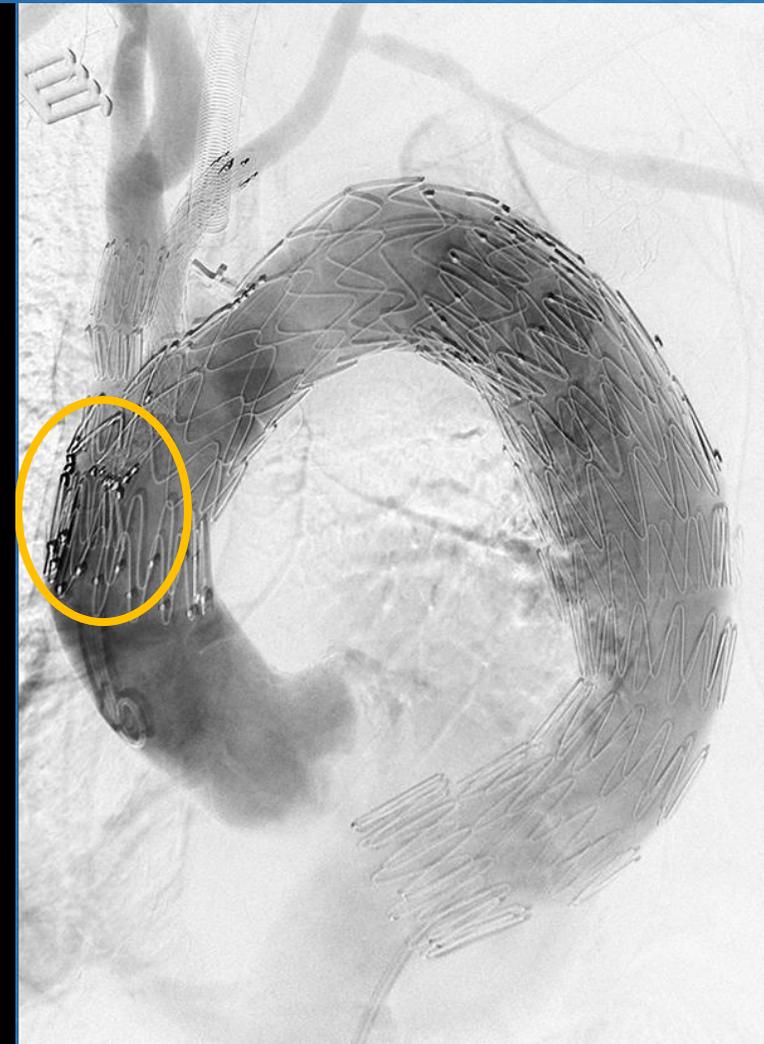
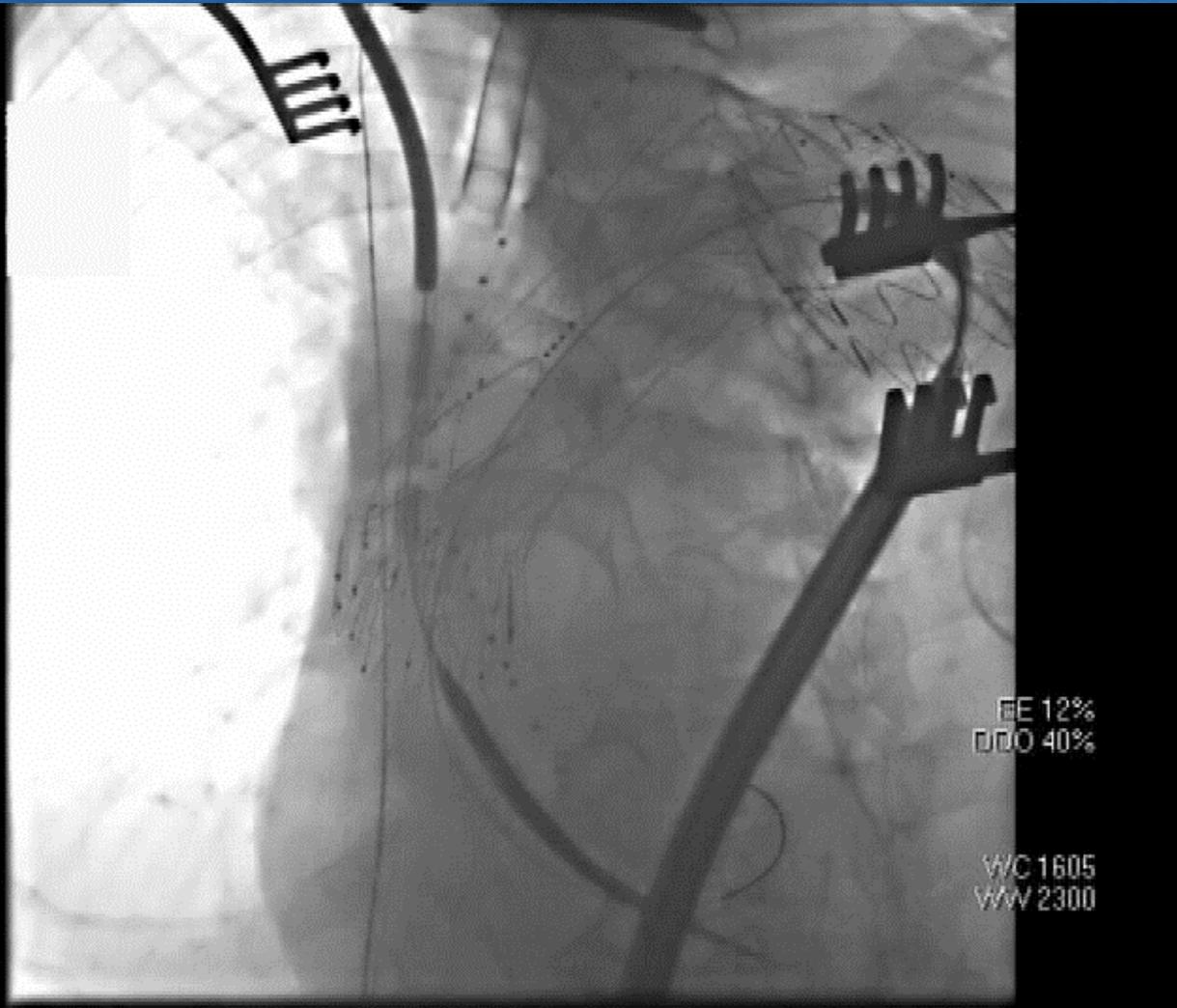




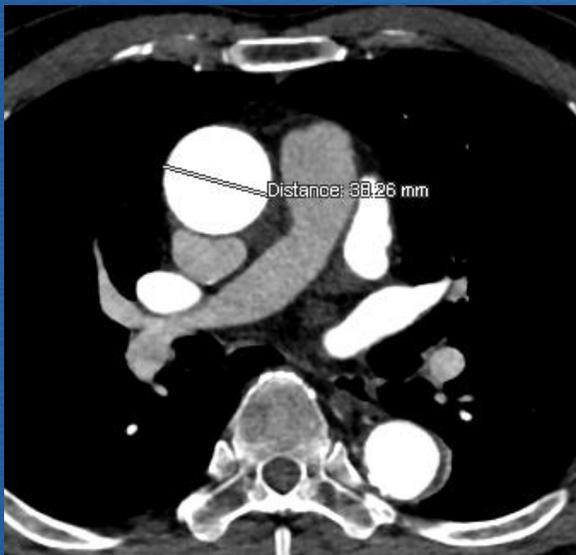
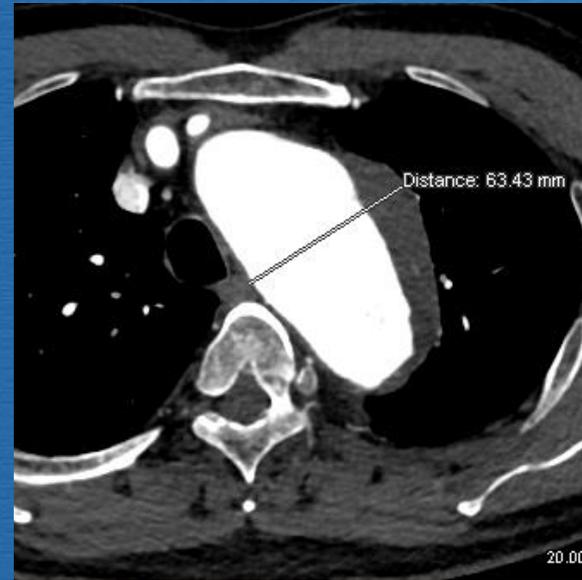
Thrombus = Stroke



IA Extension Accuracy

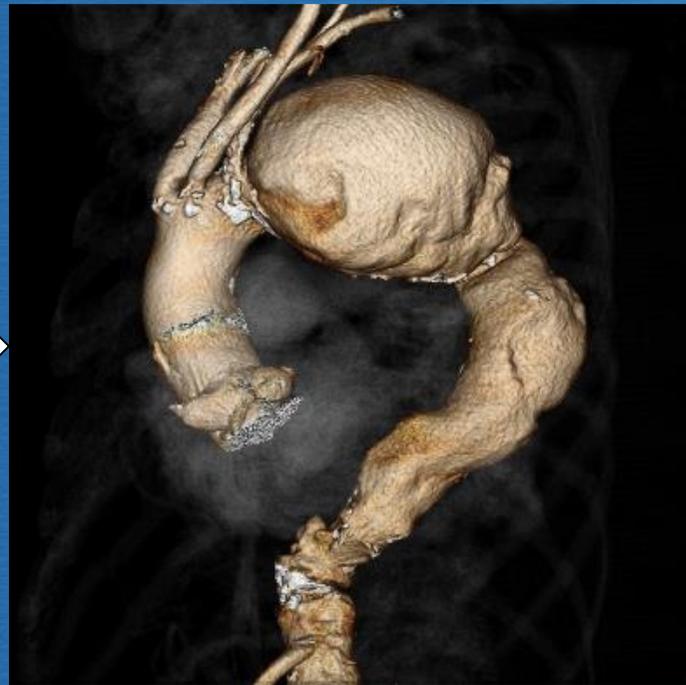
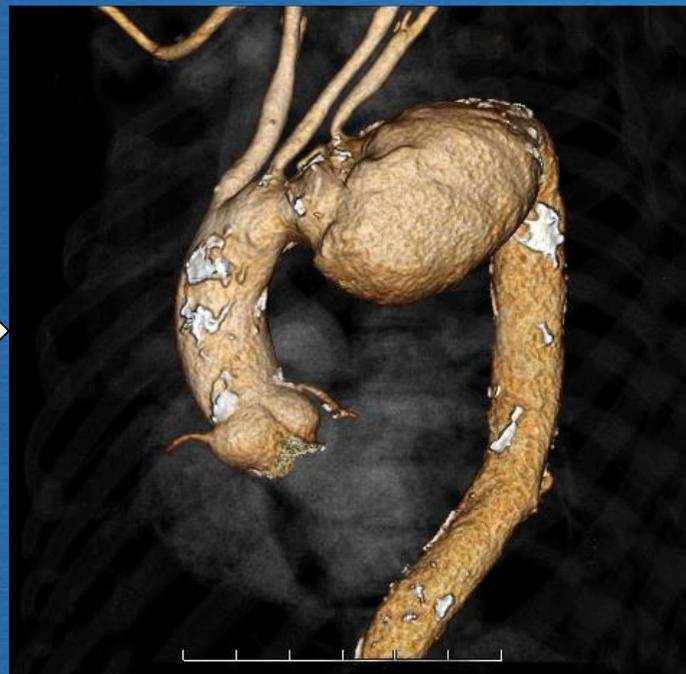


Ascending Aortic Diameter



Off the shelf / One sealing stent?





F84	11 cm pain	Urgent, access	MOF, Died <30d
M84	6.3 cm saccular		
M85	6.2 cm pericardial effusion		
M84	9 cm	Access, tortuous	Stroke
M70	6 cm dissection		Paraparesis, died >30d
M75	6 cm saccular		
M80	10 cm pain, pericardial effusion	Urgent, aortic access	

SUMMARY

- Get good anatomy
- Staged the procedure
- Shorten operating time
- IVC occlusion simple
- Stroke still a problem
- Choose the right patient

AORTIC ASIA April 2017

