

# A Proven AAA Therapy

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# Disclosures

Speaker honorarium and support for academic traveling: Lombard, Cordis (Cardinal health), Maquet, Endologix

Co-investigator: Insight study (Cardinal health)

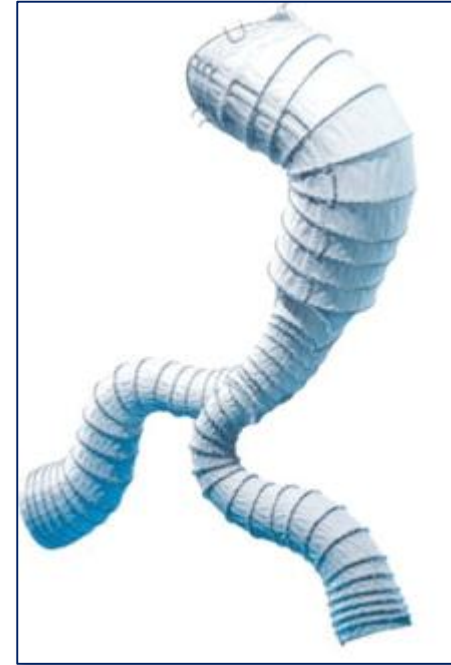
# AAA with angulated neck anatomy

- Up to 70% of all AAA treated by EVAR  $\Rightarrow$  high rate of complex anatomies
- $> 60^\circ$  infrarenal neck angulation = *severe neck angulation* (SNA)  
 $\rightarrow$  15-20% of all EVAR
- SNA is associated with increased rate of EVAR complications
  - Albertini et al. Eur J Vasc Endovasc Surg 2000, 19, 308
  - Boulton et al. Eur J Vasc Endovasc Surg 2006, 31, 123
  - Wyss et al. J Vasc Surg 2011, 54, 965
- Aorfix™ first stentgraft with IFU for SNA, globally approved (CE, FDA etc.)

# Aorfix™

## Characteristics:

- high flexibility and conformability
- resistant to migration due to active fixation
- fish mouth shape enhances proximal (transrenal) sealing zone
- ballerina position addresses iliac tortuosity



# Aorfix™

## Advantages of Aorfix:



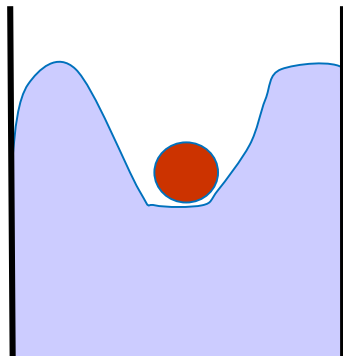
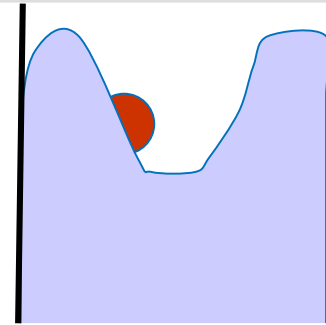
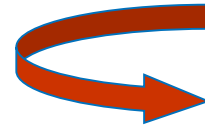
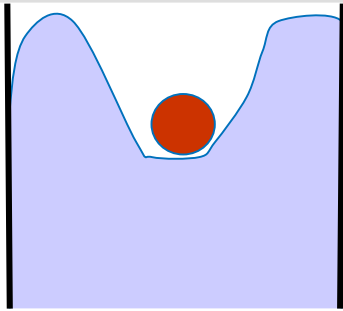
# Aorfix™ for angulated necks precise positioning



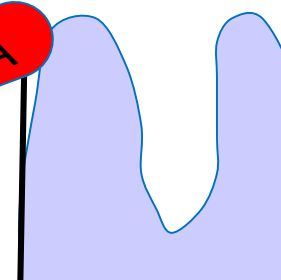
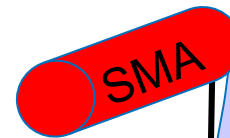
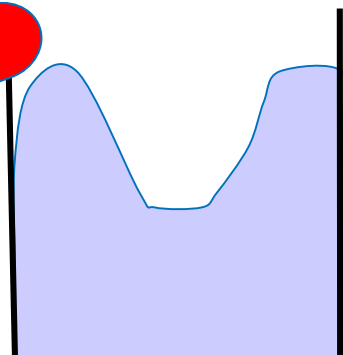
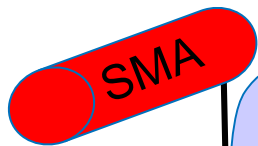
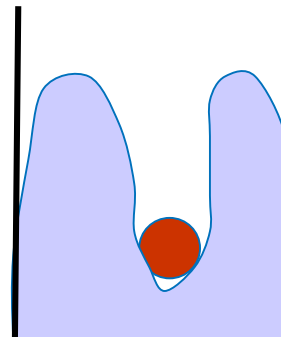
# Aorfix™ for angulated necks precise positioning



# Fish mouth challenges

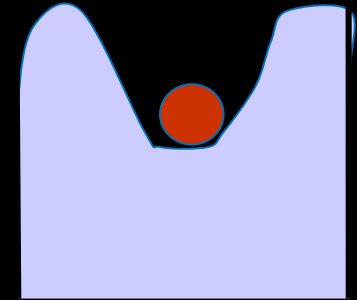
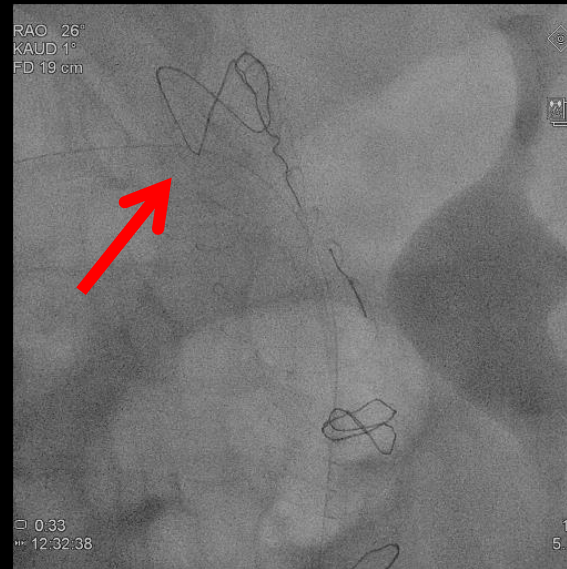
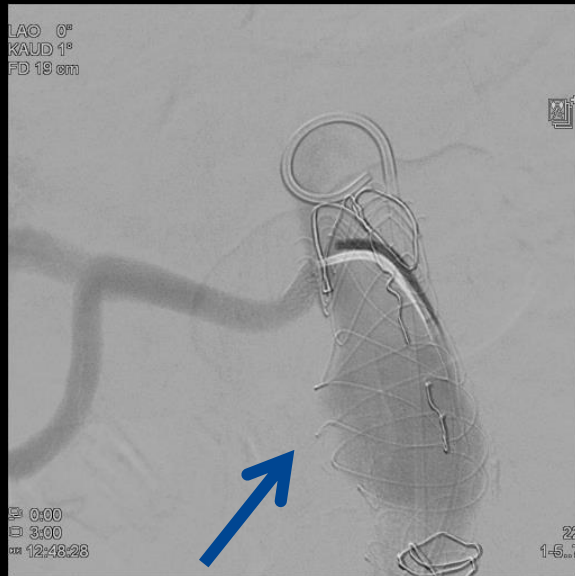


oversizing

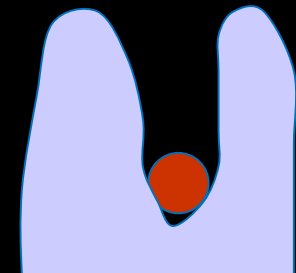




# Aorfix™ for complex neck anatomy



oversizing



renal artery stent

# Aorfix™ results

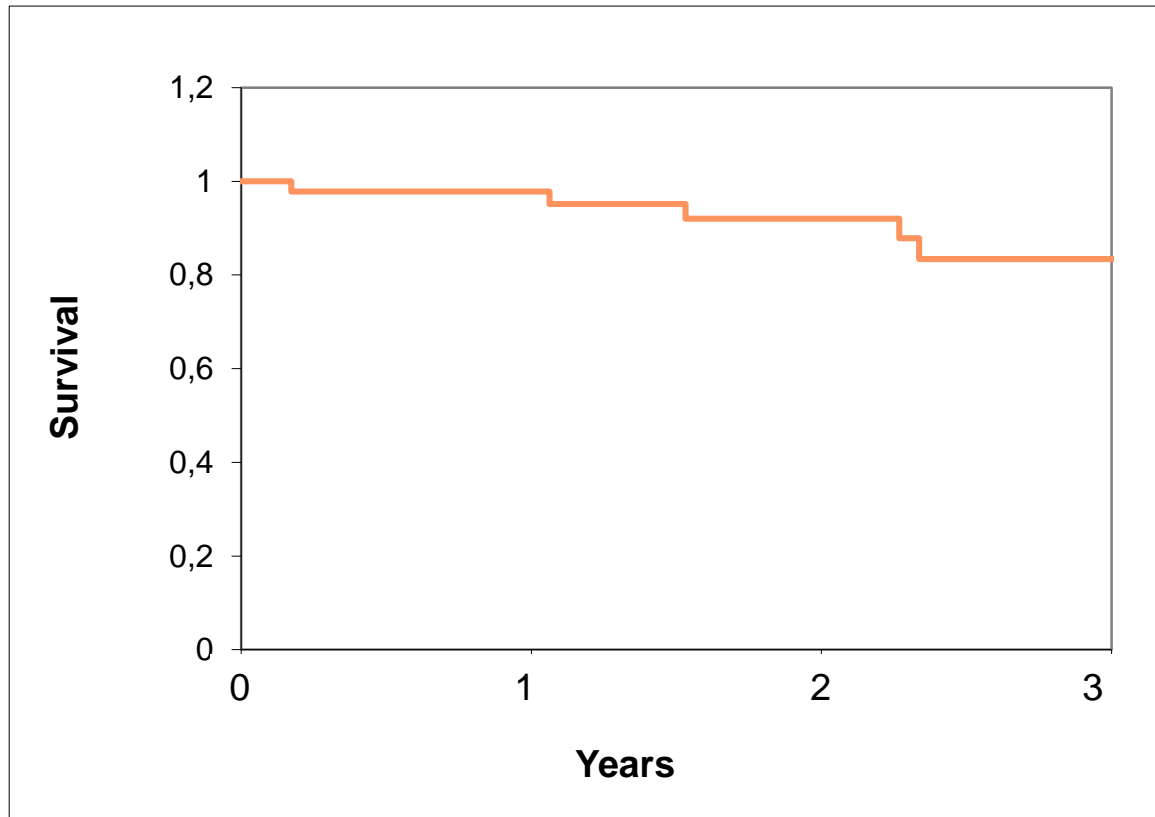
## - own data -

- 58 patients, mean follow up: 19±14.4 month
- 1 failure to access the aorta (massive iliac calcification)
- 1 occlusion of accessory renal artery, 1 hypogastric artery
- no limb occlusion
- no graft migration
- no conversion

### Reinterventions:

- 1 x endoanchors for persistent type 1 endoleak after 5 month
- 3 x peripheral embolectomy after 4, 11 and 26 month
- 1 x extension to external iliac artery after 26 month
- 2 x coiling of type 2 endoleak

# Overall survival of Aorfix™ patients



# Aorfix™ results

## - Comparison with PYTHAGORAS -

Own population: 58 patients, 43 with SNA (60°-90°)

PYTHAGORAS: 218 patients, 109 with SNA (60°-90°)

	own (n=43)	PYTHAGORAS (n=109)
age (years)	73±7.3	76±7.3
male	86.5%	71.6%
sac diameter (mm)	62.5±13	56.4±11.7
infrarenal neck diameter (mm)	24.4±3.1	24.5±3
prox. neck length (mm)	25.3±8.2	22.9±11.5
neck angulation (°)	72.9±9.3	76.4±8.1

# Aorfix™ results

## - Comparison with PYTHAGORAS -

	own	PYTHAGORAS
30-day mortality	2.3%	0.9%
1-year mortality	2.9%	7.3%
2-years mortality	12.5%	13.8%
sac expansion 1 year	2.9%	1.2%
sac expansion 2 years	4.2%	5.3%
type I/III endoleak 1 year	0%	1.3%
type I/III endoleak 2 years	0%	1.2%
reintervention rate 1 year	8.8%	11.9%
reintervention rate 2 years	16.7%	13.8%

# Conclusion

- Aorfix™ is an effective treatment for AAA particularly in angulated neck anatomy
- It provides good short-term and mid-term results
- long-term results are warranted – 5 year results are being presented at SVS

# Future of a proven therapy

## IntelliFlex™ delivery system

- lower profile (16/18F ID)
- better placement of the stentgraft (improved tip, better deployment control)
- improved ease of procedure (e.g. integrated sheath)

