“Great Saves and Big Disasters”
Pioneering techniques and management of complications in EVAR

EVAR for ruptured TAAA

Giovanni B. Torsello, Arne Schwindt
Münster, Germany
Disclosures

Speaker name: G. Torsello

I have the following potential conflicts of interest to report:

X Consulting: Boston Scientific, Cook, Cordis, Gore, Medtronic

Employment in industry

Stockholder of a healthcare company

Owner of a healthcare company

Other(s)
73-year old female with ruptured type IV AAA after CHEVAS

COPD Gold IV
- Home oxygen therapy
- Pneumonia
- Nicotine
Thrombopenia (HIT?)
Multiple laparotomies
Bowel resection and colostomy
Diabetes mellitus
Arterial hypertension
Chronic renal disease
Back pain
Hypotension
CTA:
  Type Ia EL
  Rupture
• EVAR with Gore-Excluder
• Type Ia endoleak
• ChEVAS with Triple-Chimney
• Recurrence of type IA EL
• Rupture
Ruptured TAAA after CHEVAS
Too long stent for the right renal artery
Aortic endograft consists of two stentgrafts
Ruptured TAAA after CHEVAS
Repair with parallel graft technique and Onyx

- Proximal extension of both Nellix-grafts with Advanta V12
- Supravisceral extension of both renal stents and SMA
- Chimney for the celiac artery (7 x 38 mm)
- Aneurysm sack embolisation with 22 ml Onyx
- Stenting of the right Nellix limb (8 x 57 mm BeGraft) and Onyx for type I and II endoleaks
Ruptured TAAA after CHEVAS
Repair with parallel graft technique and Onyx
Summary

• Patient not candidate for OS. Consider other solutions for type Ia EL

• Secondary procedure after EVAS more complex (double barrel instead of one main body)

• Avoid „right angle“ position of bridging stents

• Infection as possible cause of progression of the aortic disease?
Thank you!

giovanni.b.torsello@gmail.com
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