

Complex Endovascular Arch Repair

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Aortic Center,
Lille University Hospital, France



Disclosures

- Research support, Consulting, IP
 - Cook Medical, GE Healthcare

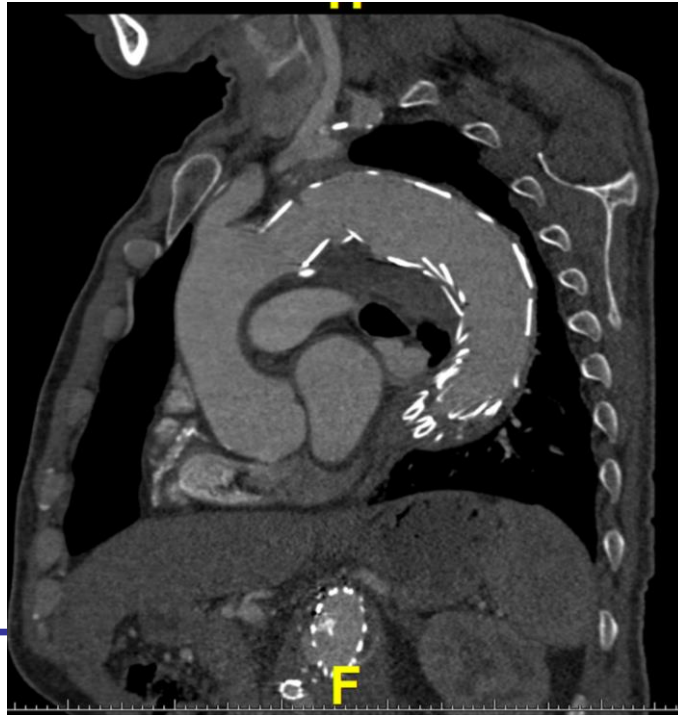


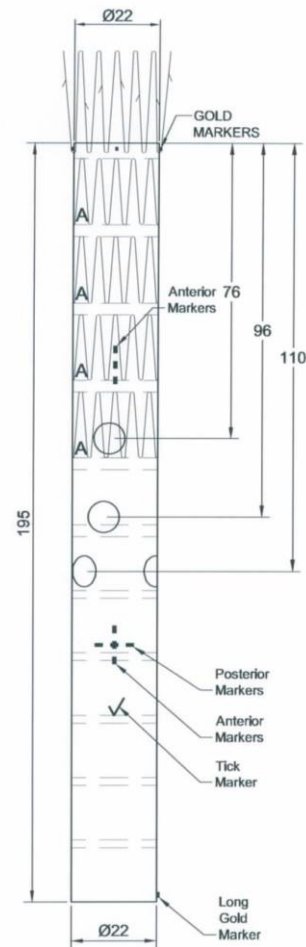
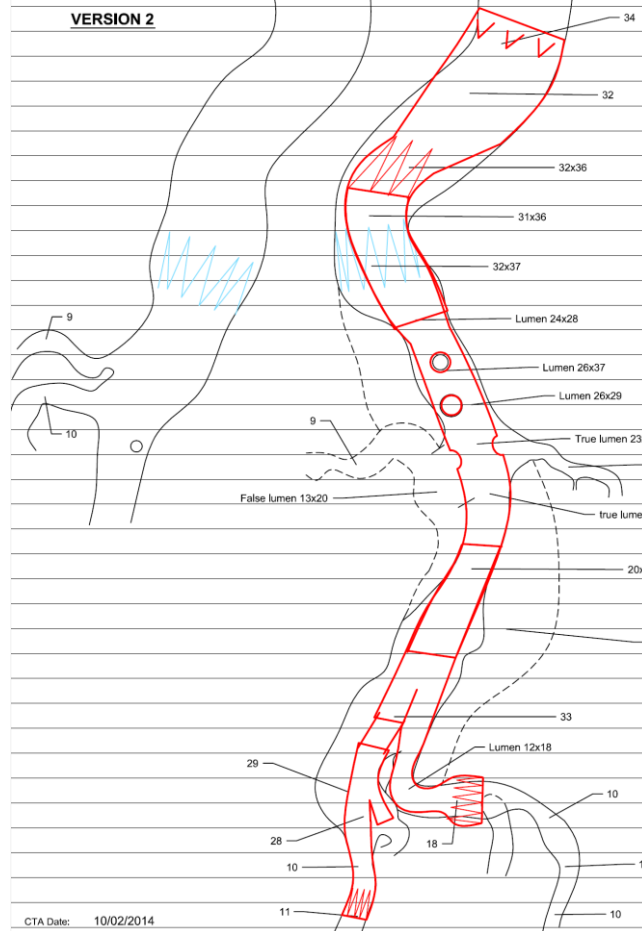
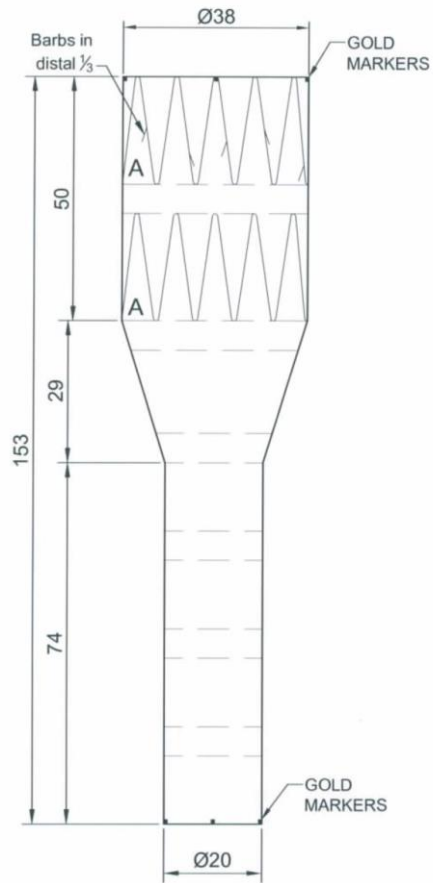
Medical History

- 65-year-old male
- Severe 3-vessel CAD
- Severe COPD
- 2011: Acute type B dissection (TEVAR)



2014: False Lumen Enlargement Following TEVAR





VERSION 2

REINFORCED LARGE FENESTRATION #1

Strut Free

DIAMETER: 8mm

DIST FROM PROX EDGE 76mm

CLOCK: 11:45

IVD: 21mm

REINFORCED LARGE FENESTRATION #2

Strut Free

DIAMETER: 8mm

DIST FROM PROX EDGE 96mm

CLOCK: 11:30

IVD: 21mm

REINFORCED SMALL FENESTRATION #1

WIDTH: 6mm

HEIGHT: 8mm

DIST FROM PROX EDGE 110mm

CLOCK: 10:30

IVD: 21mm

REINFORCED SMALL FENESTRATION #2

WIDTH: 6mm

HEIGHT: 8mm

DIST FROM PROX EDGE 110mm

CLOCK: 3:30

IVD: 21mm

- SINGLE DIAMETER REDUCING TIES

Plus:

AAA-BIFURCATED-GRAFT

(As per ZFEN-D-24-62-76)

Ilac Branch Device

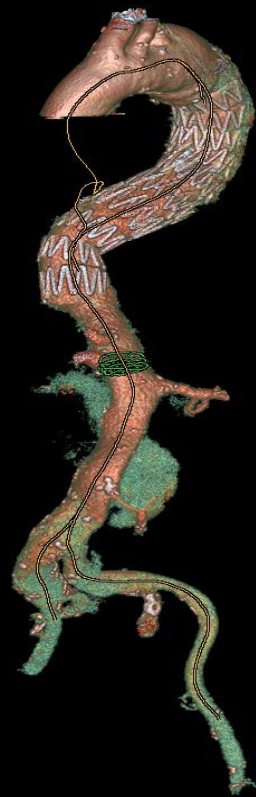
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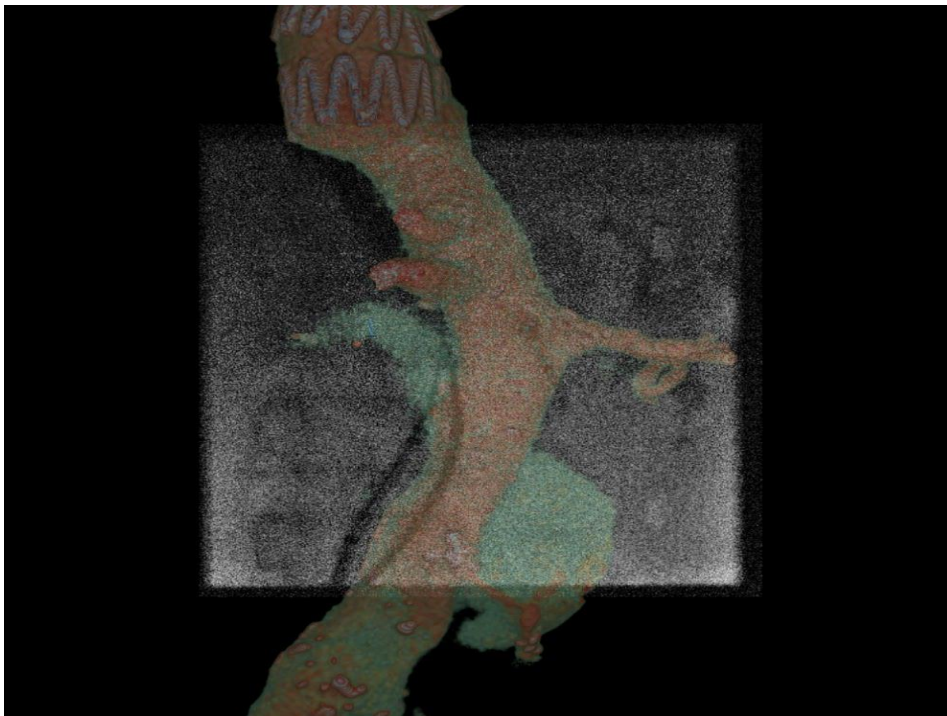
Bridging Limbs

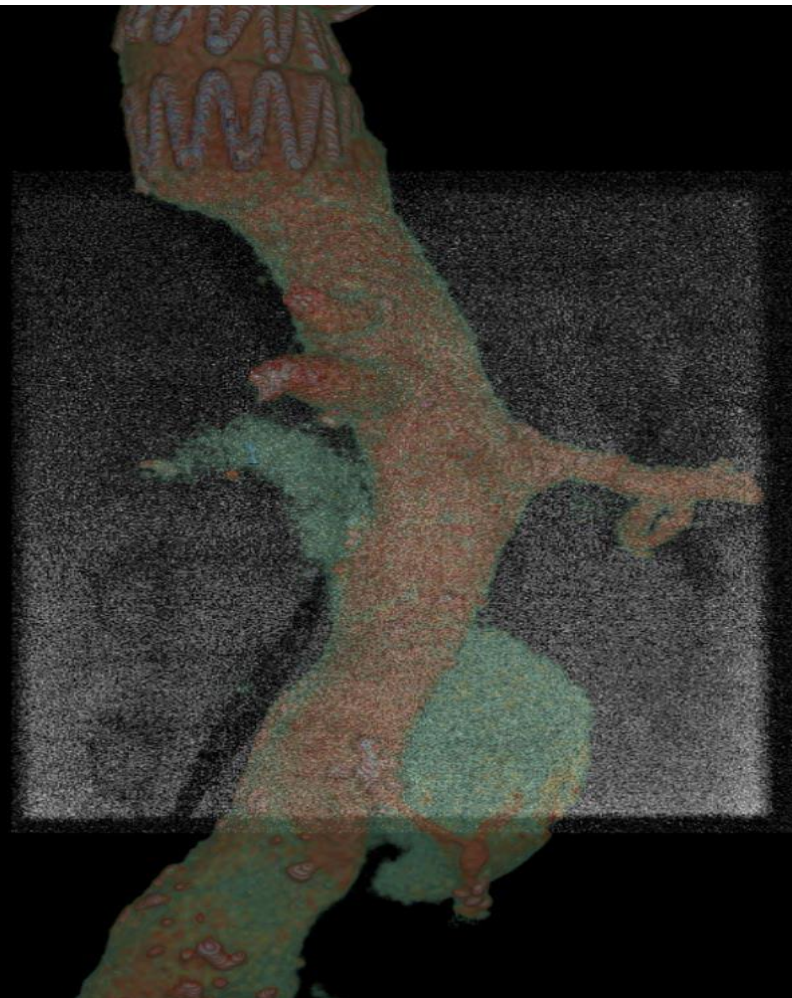
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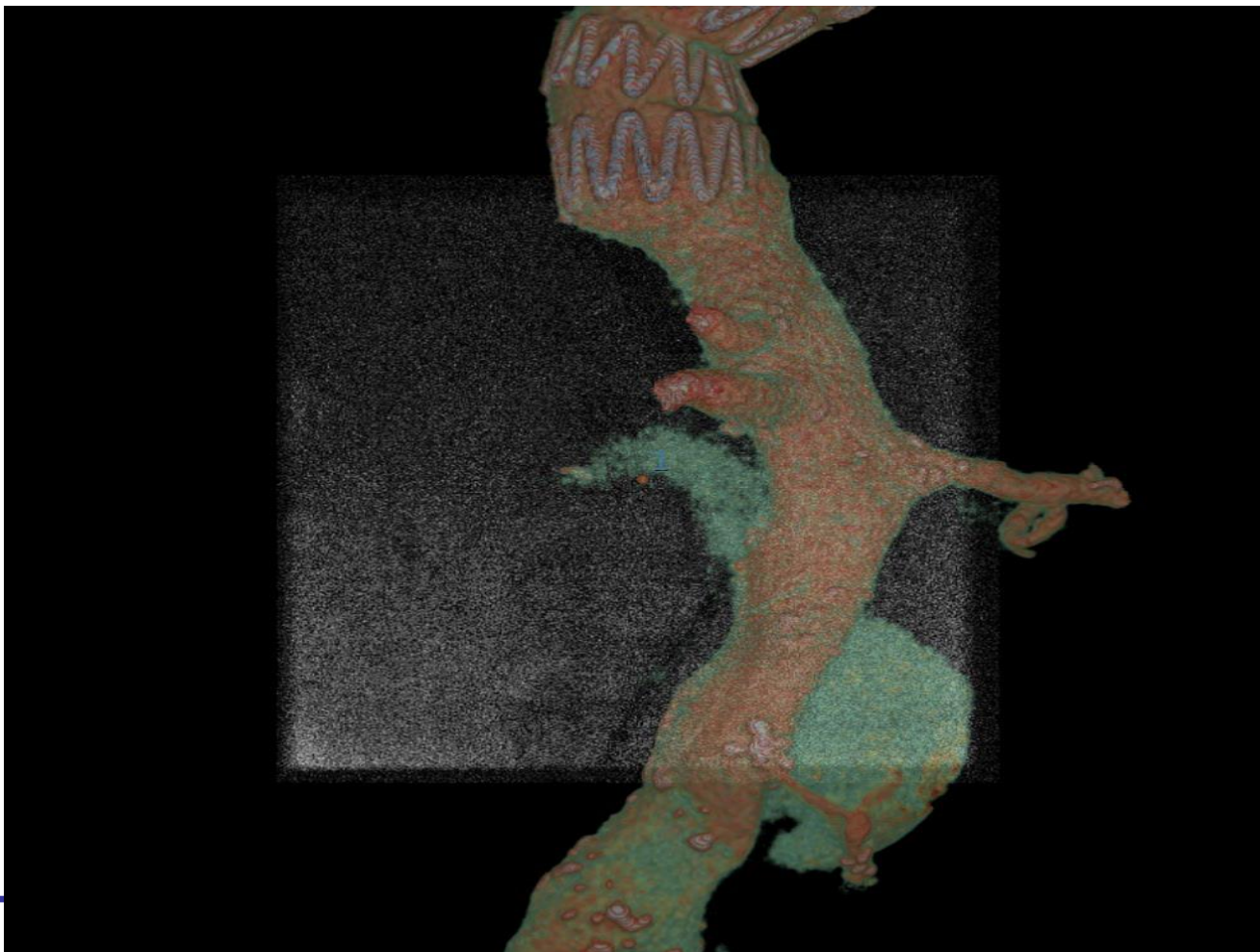
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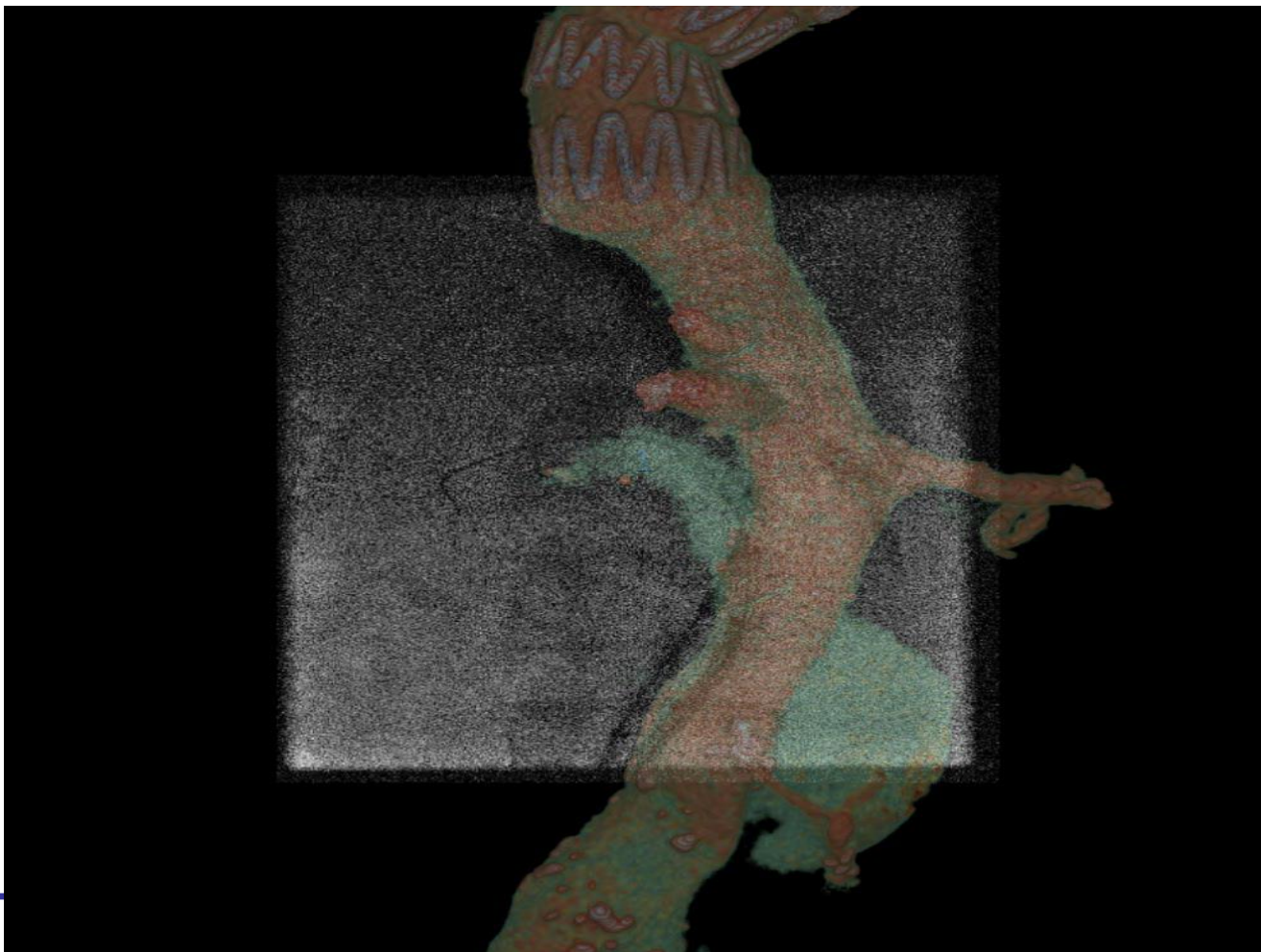
Non GE image

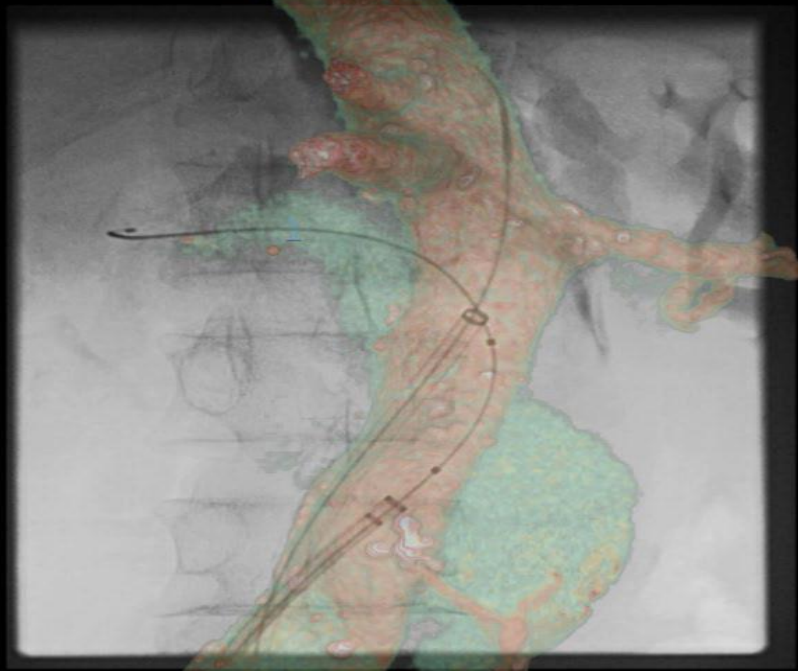














2016: Type Ia endoleak & distal arch enlargement



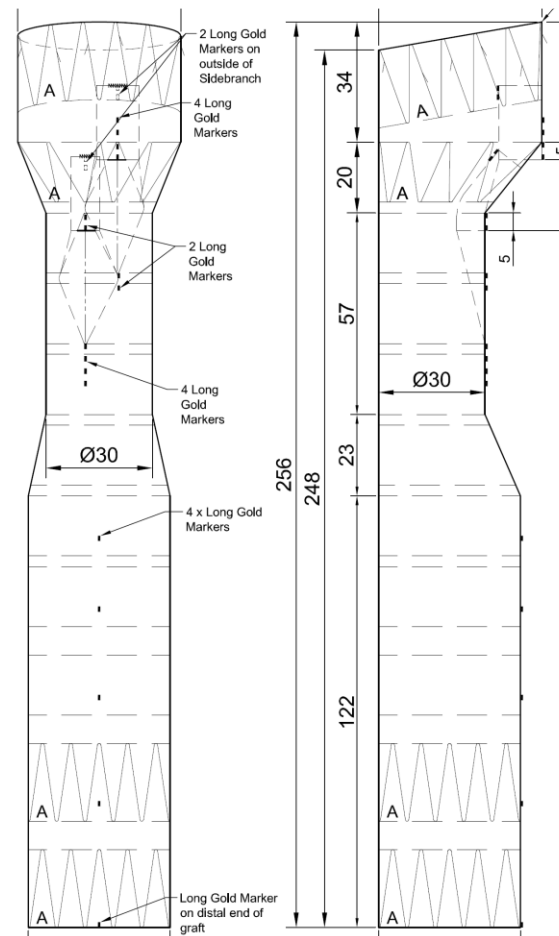
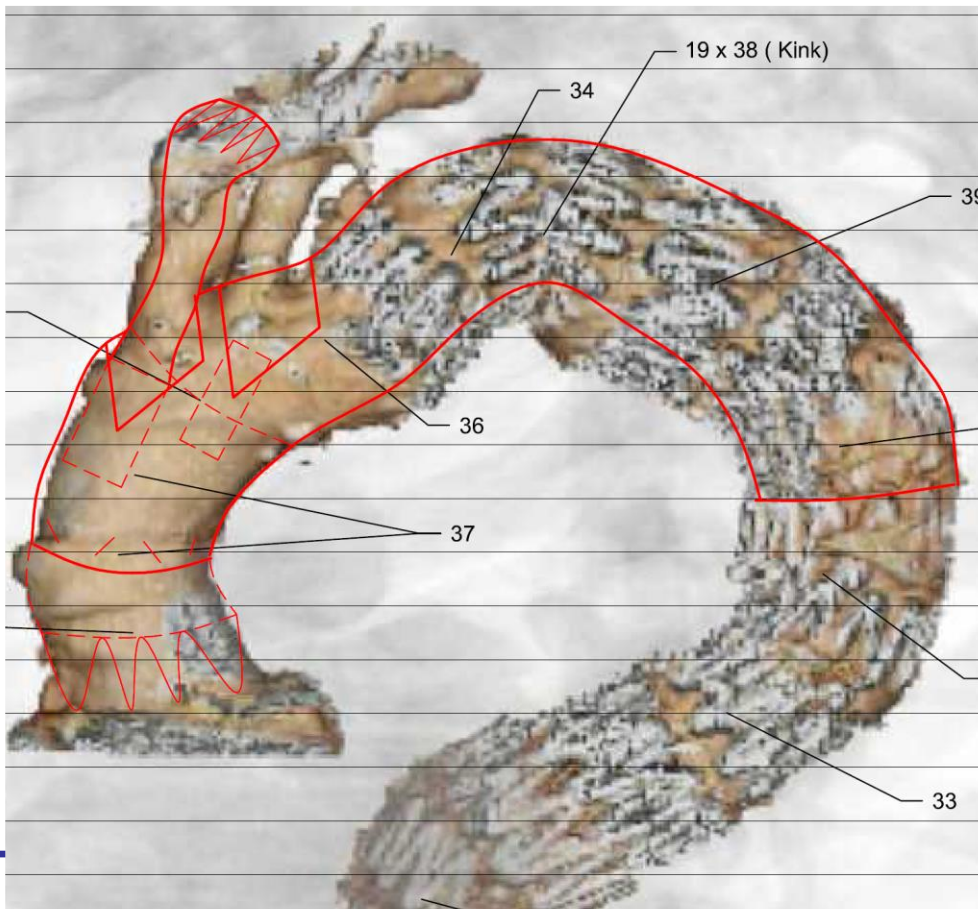
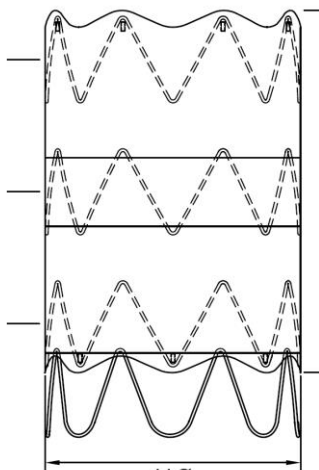
+ Patient still unfit for open repair

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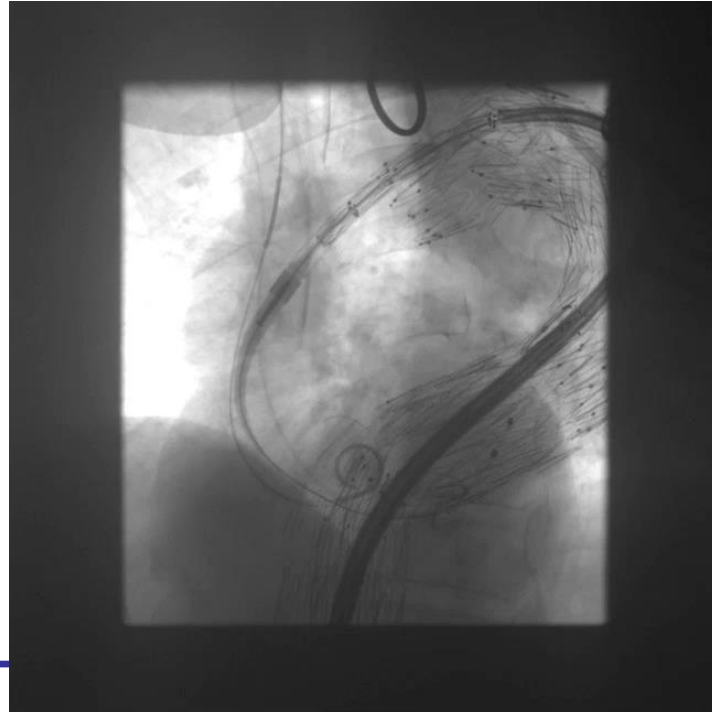
Bailout TAVI Preop

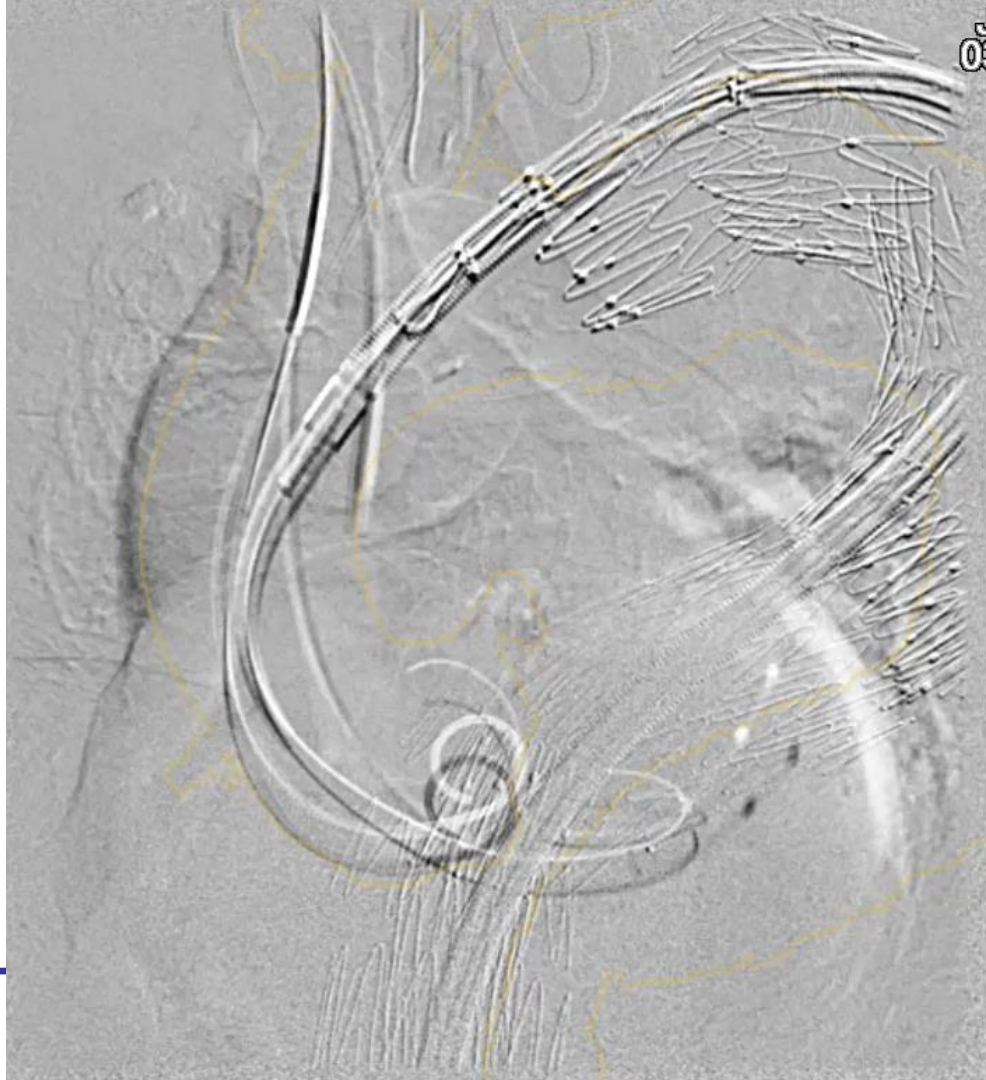
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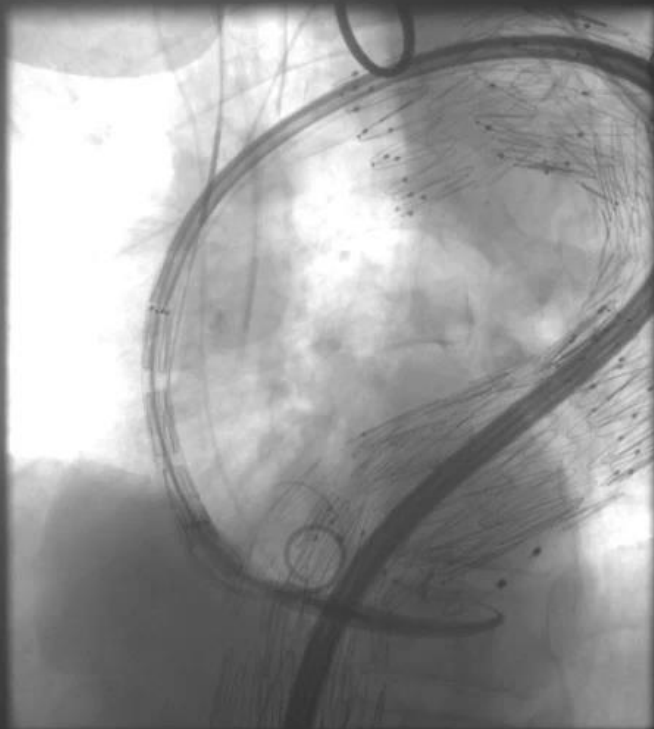


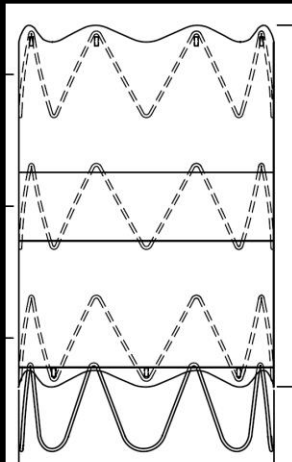


Ascending Aorta Endograft



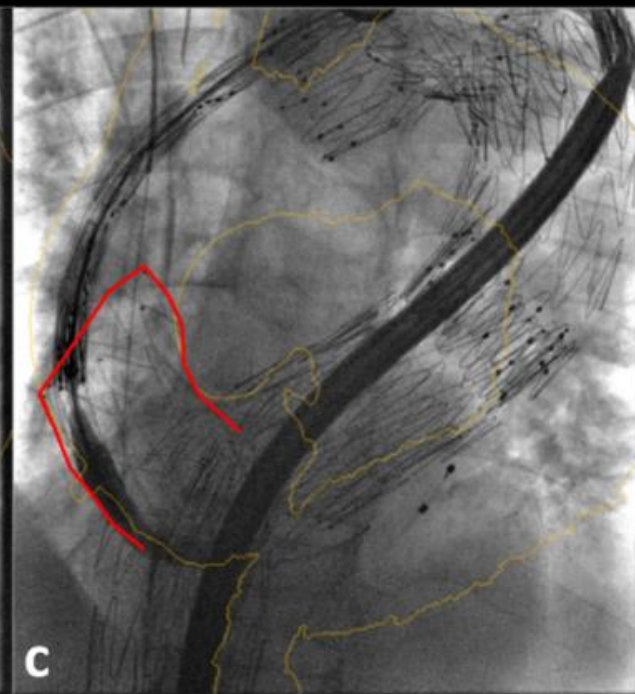
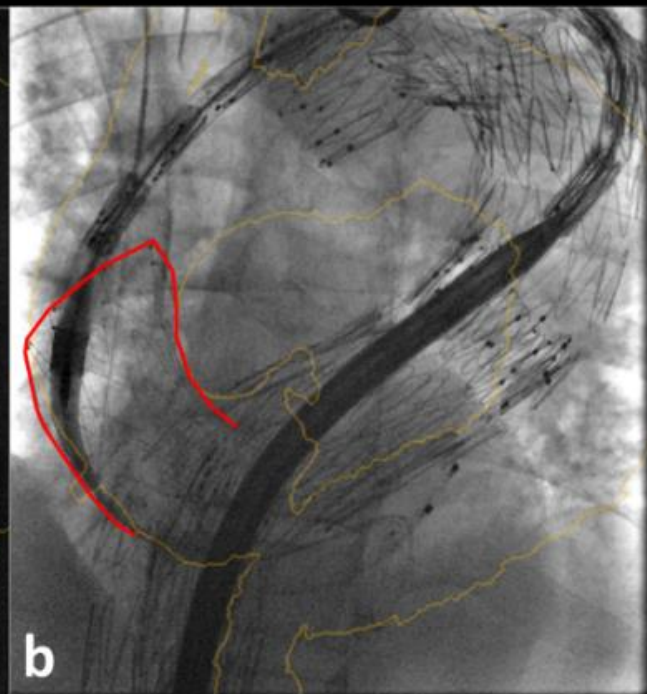
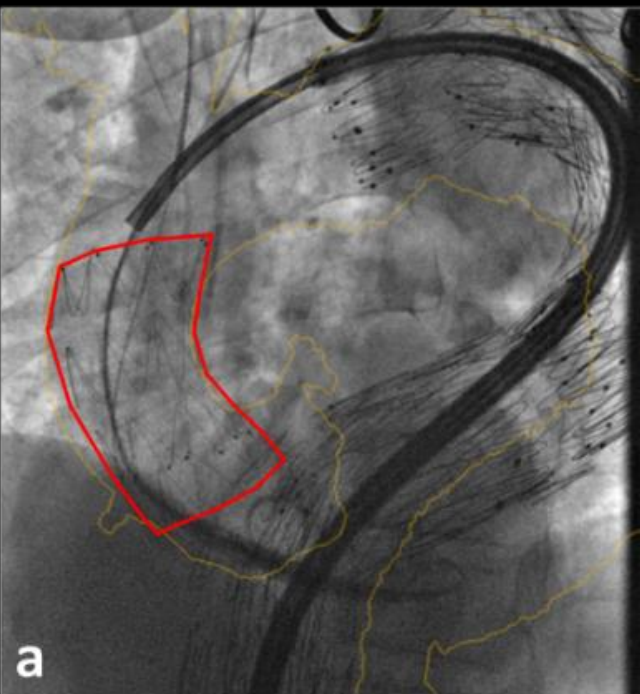


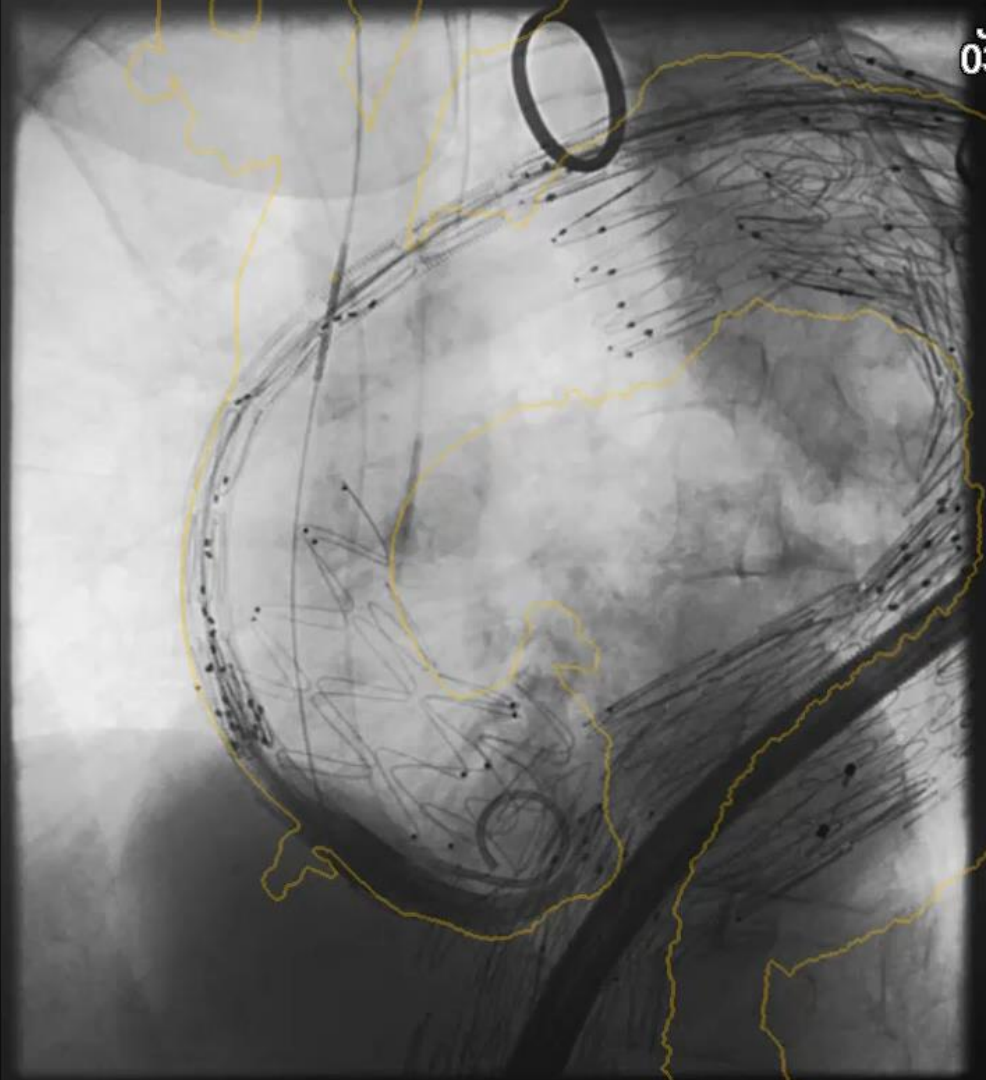




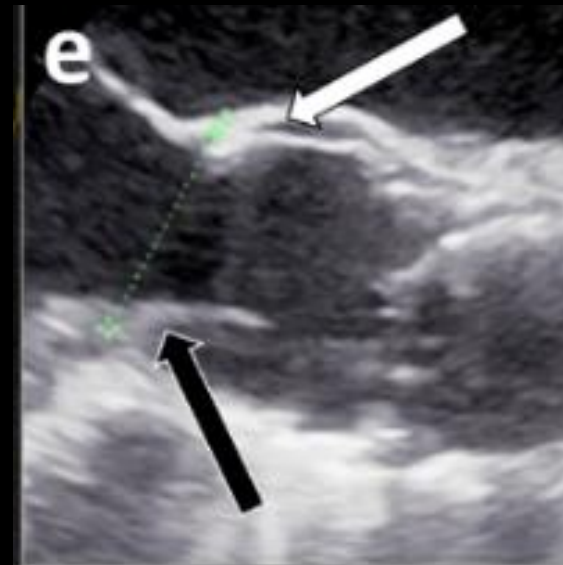
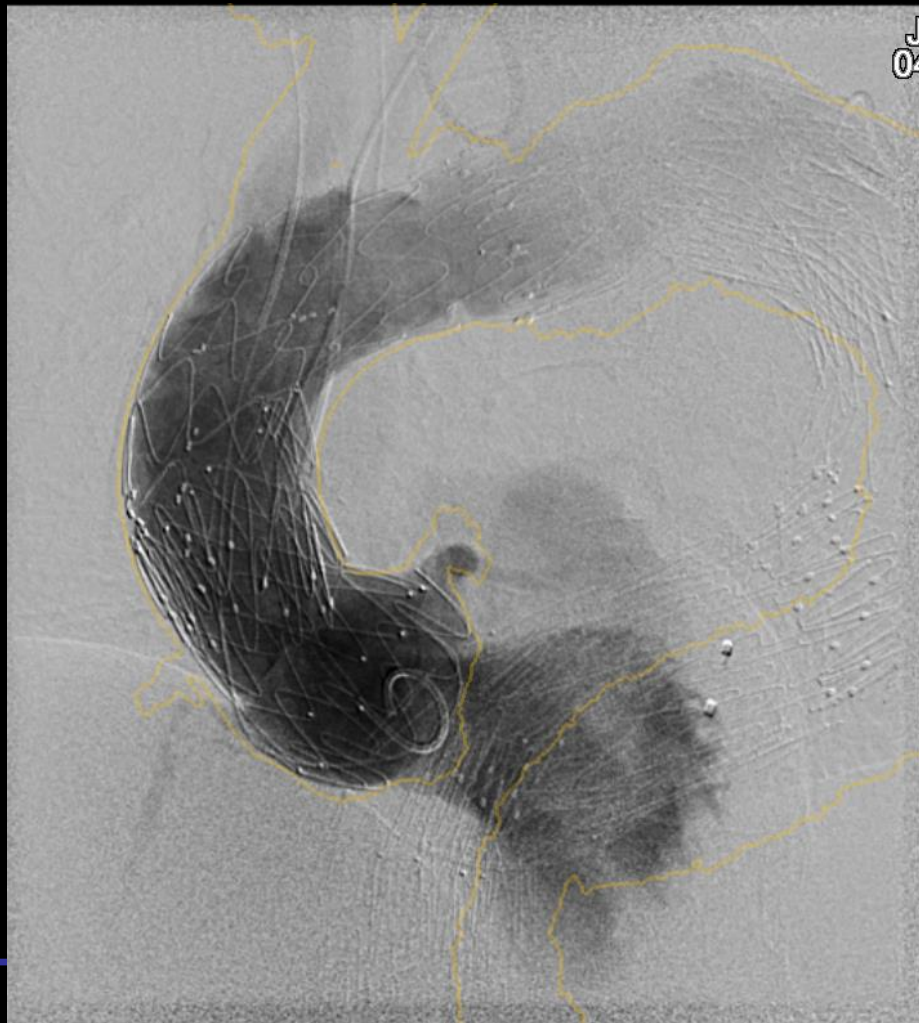


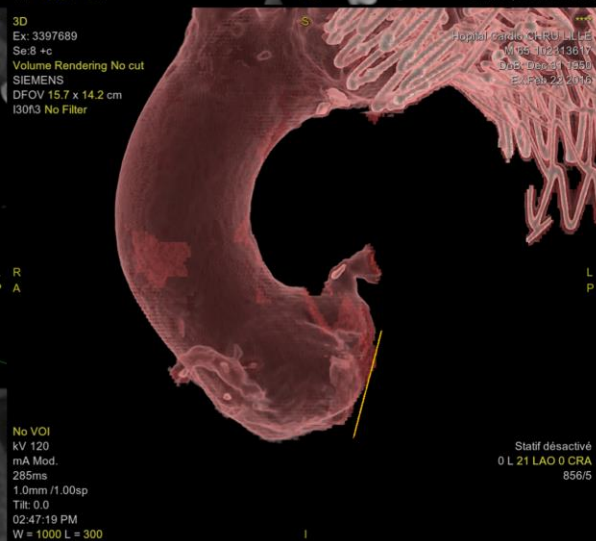
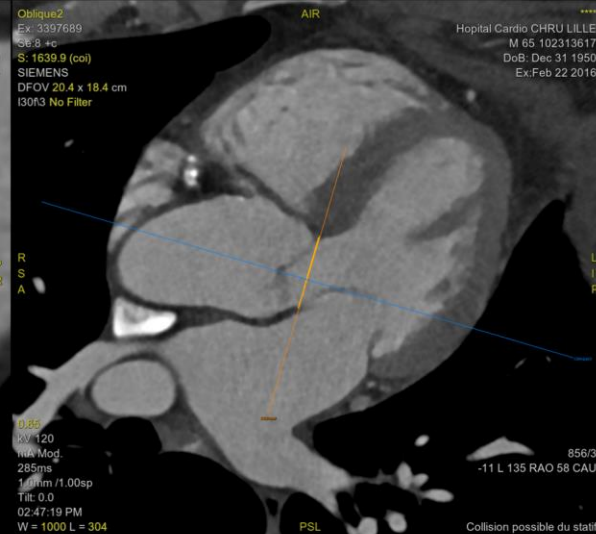
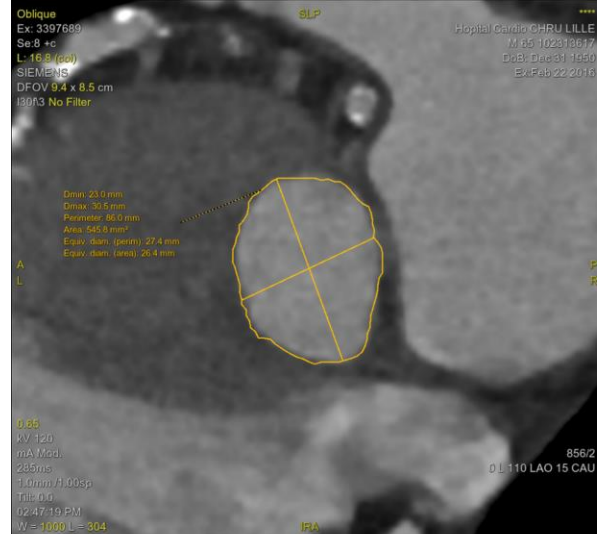


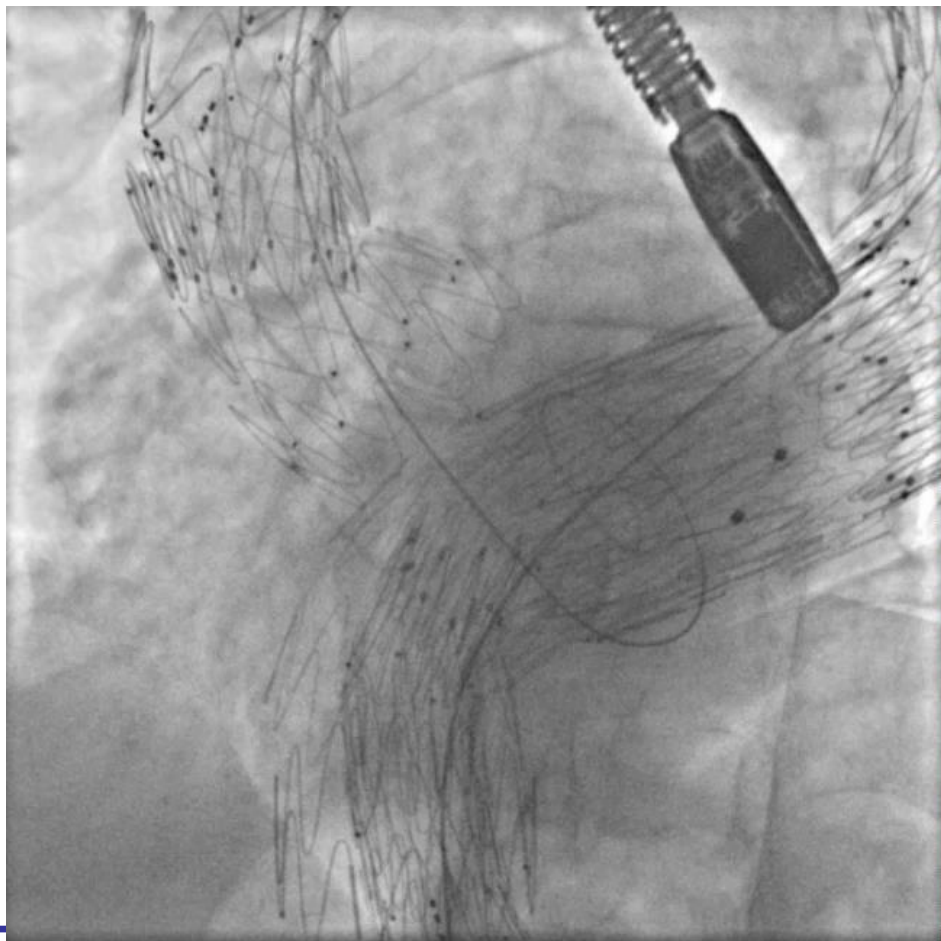




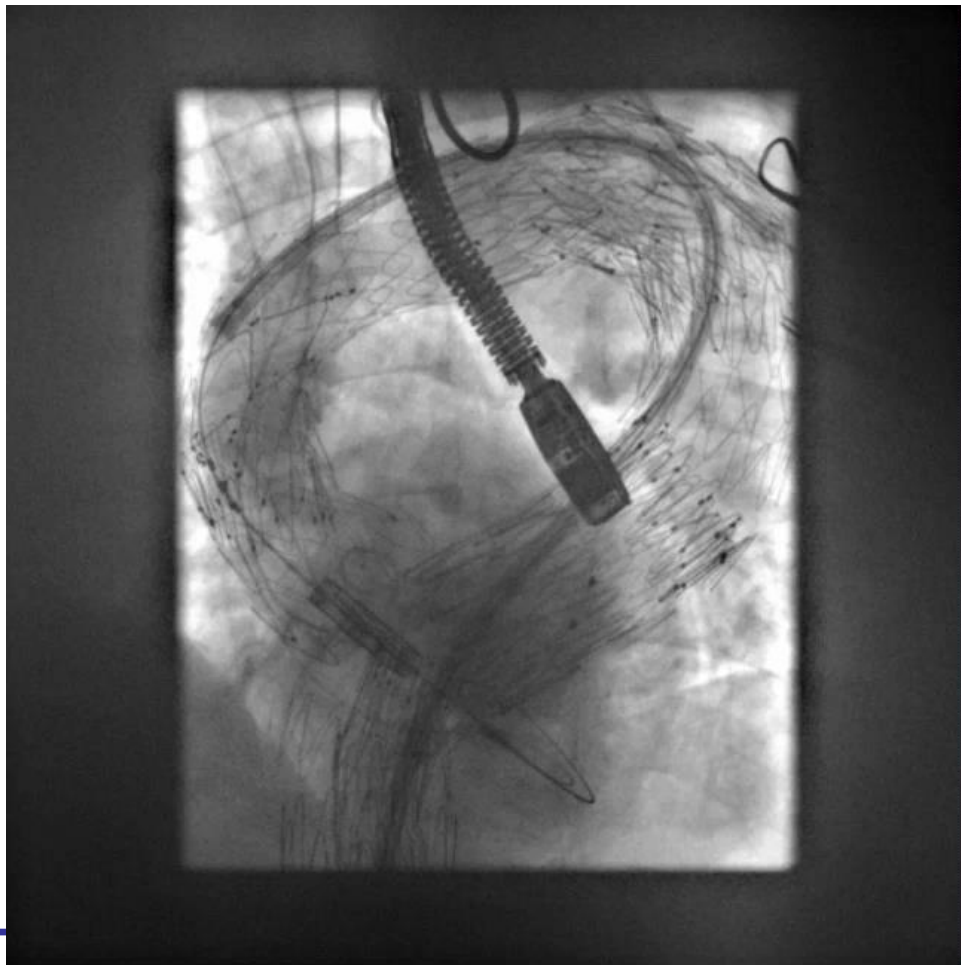
03











GE MEDICAL SYSTEMS
CHRU LILLE Hal Cardiologique

SAL

Sakhi Idder
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Jul 21 2016
16:46:33

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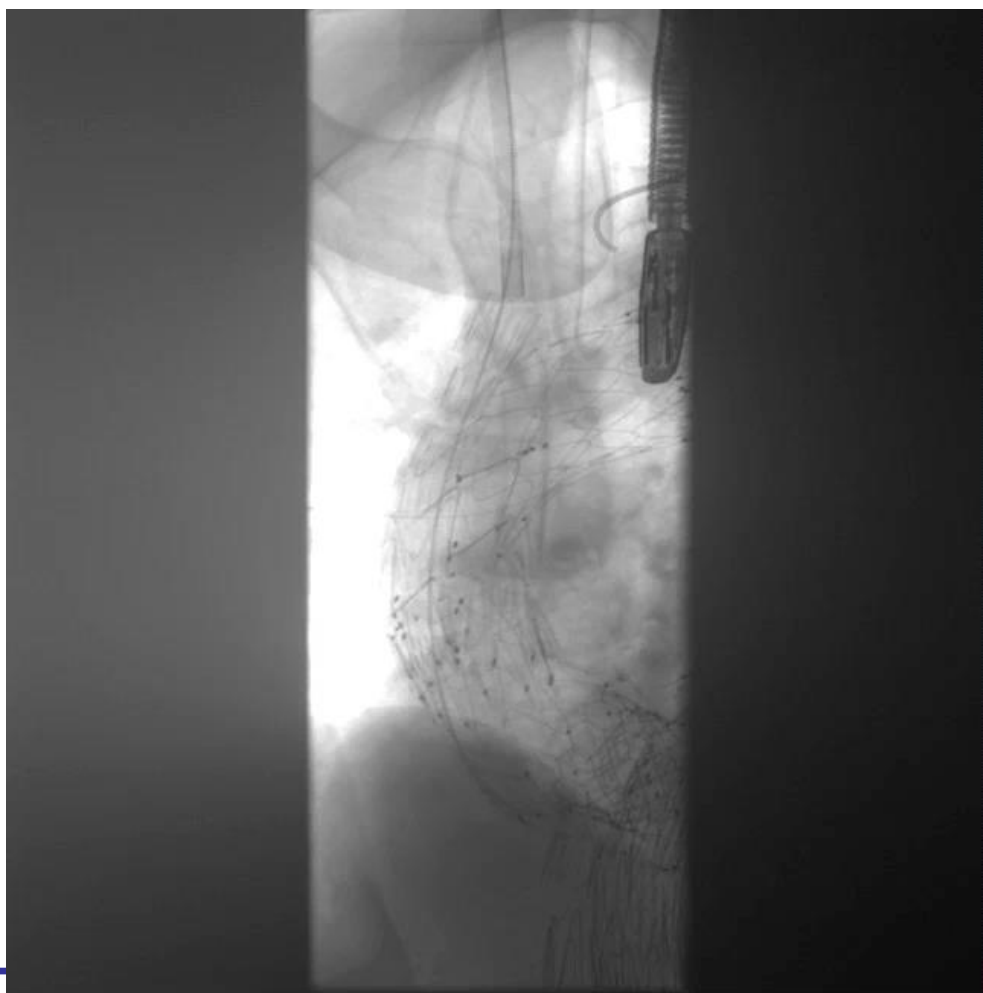
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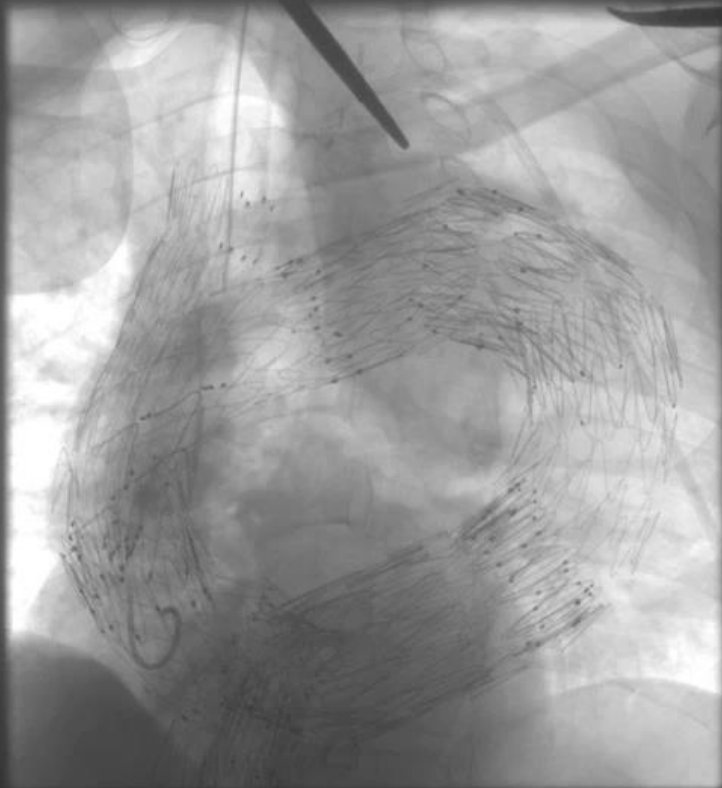
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CAU: 2.8 deg
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FRAME = 14 / 62

IPR







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Hopital Cardi
M65Y



SIEMENS ctracc1
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Hopital Cardio CHRU LILLE
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Aug 01 2016
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CONCLUSIONS

- Multidisciplinary team
- Specific deployment sequence
- Minimally invasive?

