



MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

Endovascular Navigation: Prosand Cons of the Magellan System

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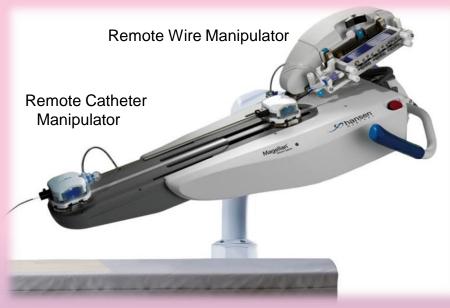
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Disclosure
Speaker name: Frédéric Cochennec
☐ I have the following potential conflicts of interest to report:
Consulting
☐ Employment in industry
☐ Shareholder in a healthcare company
□ Owner of a healthcare company
□ Other(s)
X I do not have any potential conflict of interest

The Magellan™ Robotic System



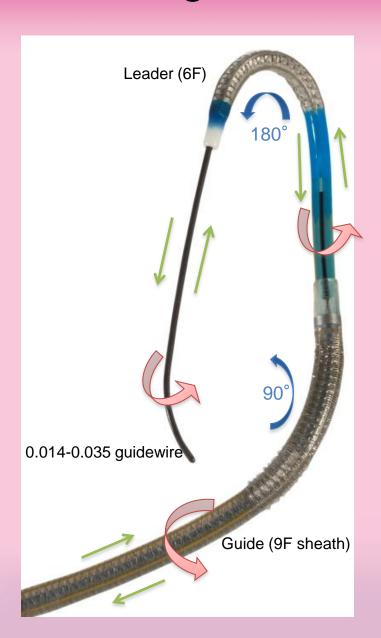






The Magellan™ Robotic Catheter





Guidewire

Compatible with 0.014" to 0.035" guide wires

Full roll capability

-eader

6F OD Robotically steerable Leader catheter

3D Distal bend up to 180°

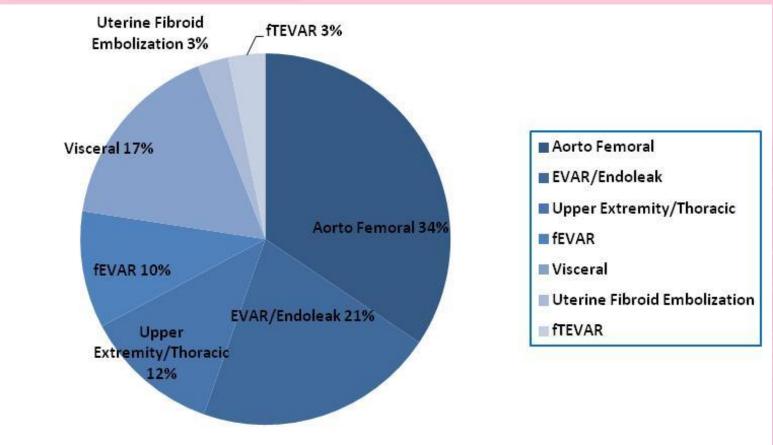
Guide (Sheath) 9F OD Robotically steerable Guide catheter

3D Distal bend up to 90°

Magellan™ Cases by Type



≈ 300 cases worldwild



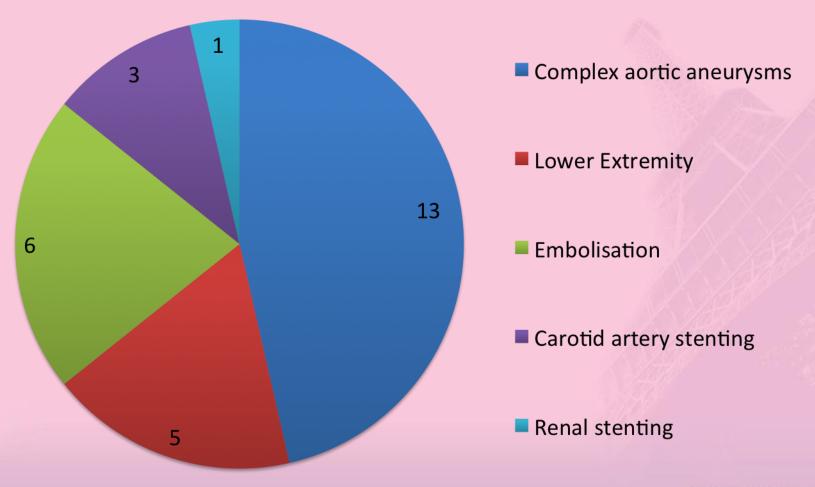
Source: Hansen Medical procedural tracking data through June 26, 2013



Henri Mondor experience



February-October 2013: N= 28

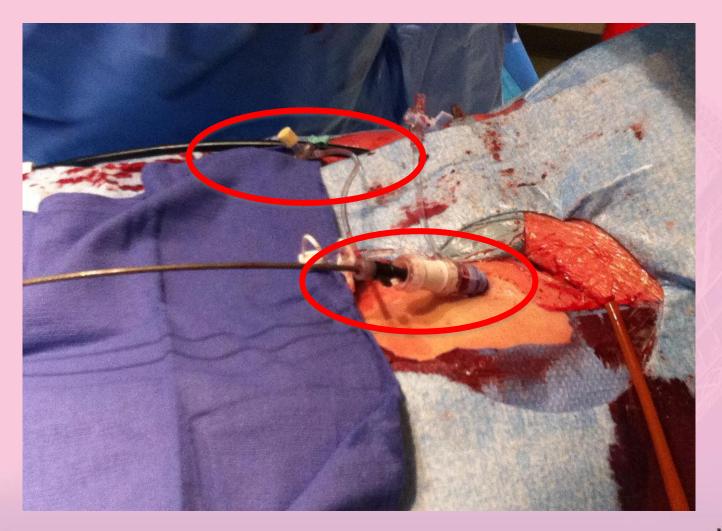


Use of the Magellan™ for complex aortic cases: Protocol



- For each target vessel: 15 min allocated to robotic navigation
- In case of cannulation failure after 15min; switch for conventional navigation
 - Fenestrations cannulated via a femoral approach
 - Branches cannulated via an axillary approach

Femoral appraoch

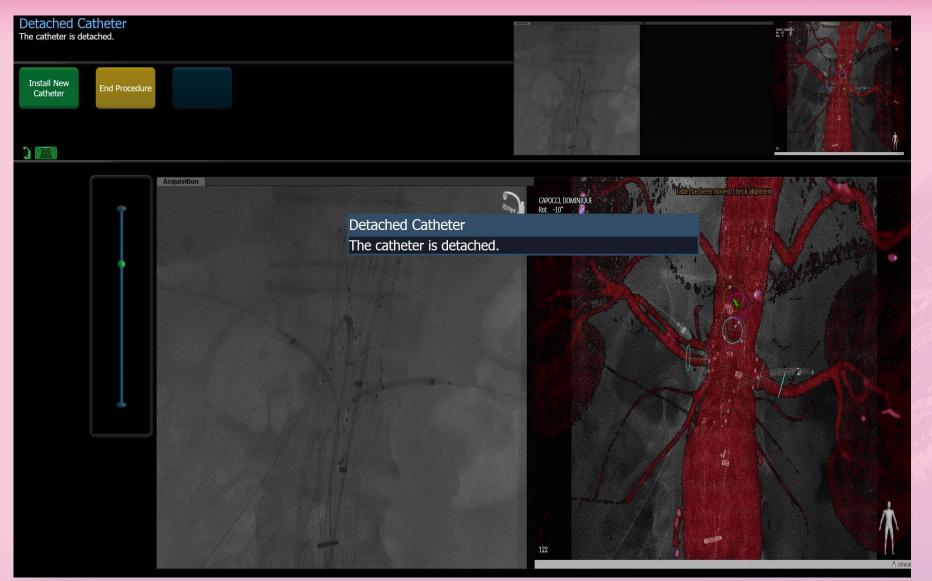


Use of Overlay

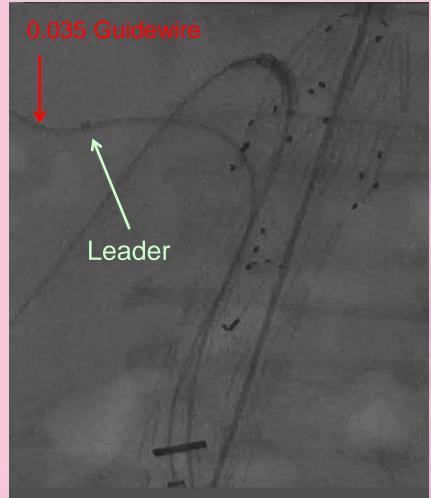
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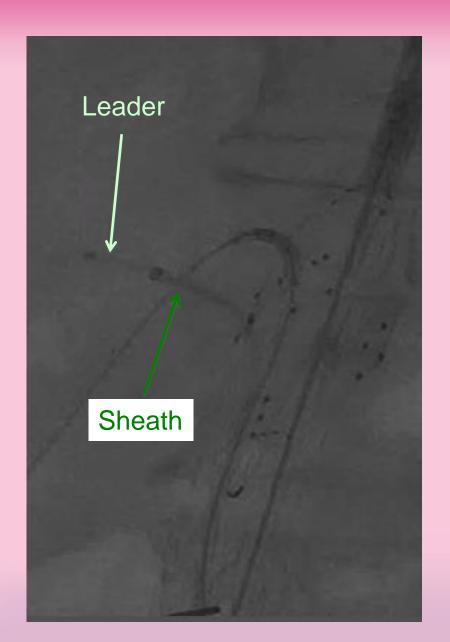
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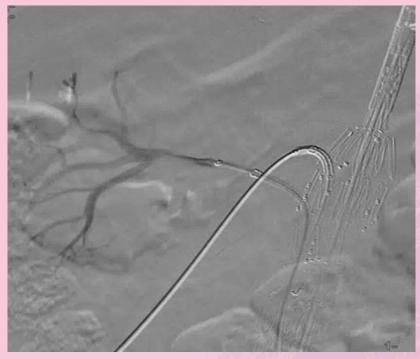


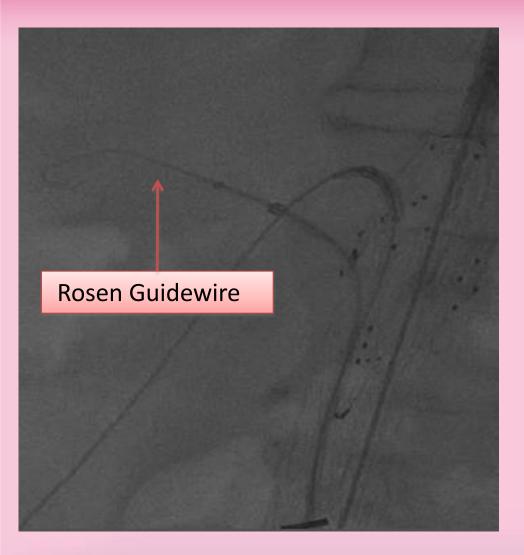


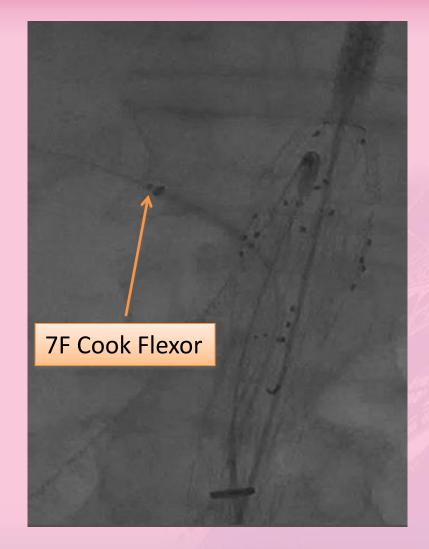


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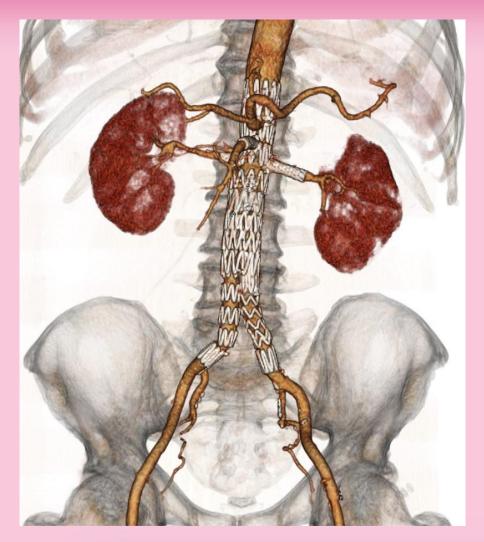






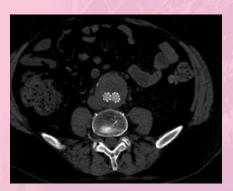


Removal of the magellan system, 7 F long sheath over the Rosen Guide wire www.cacvs.org



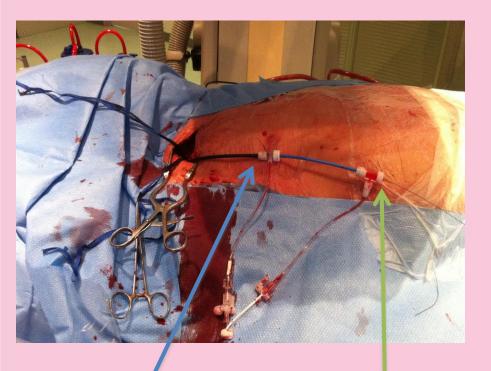






Branches: axillary approach





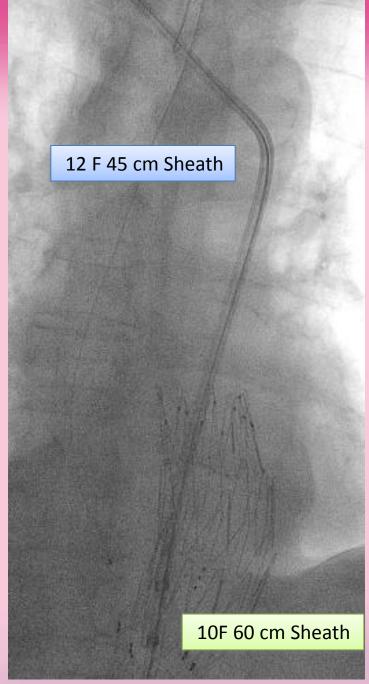


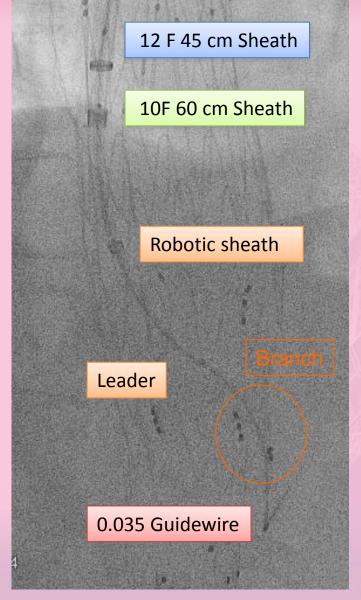
12 F 45 cm Sheath

10F 60 cm Sheath





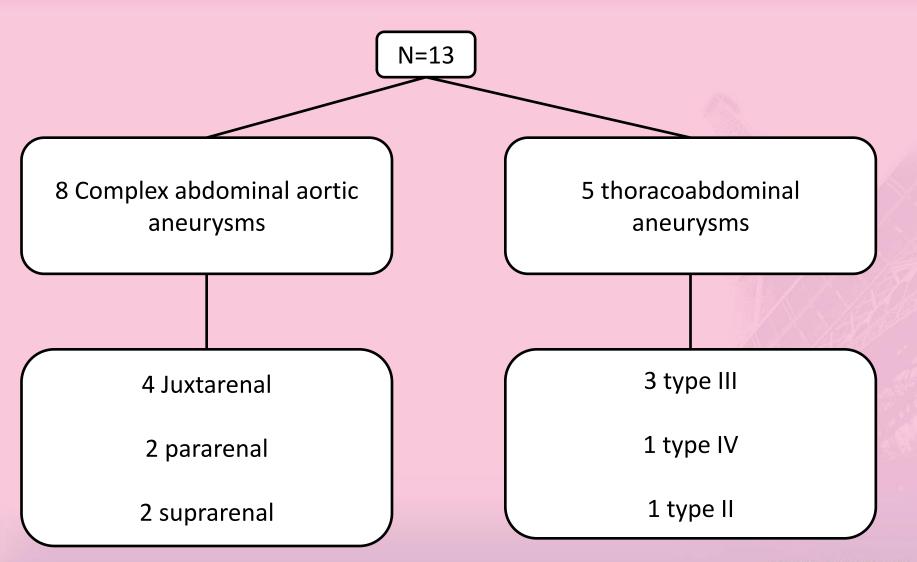




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Complex aortic aneurysm





Complex aortic aneurysm



9 Fenestrated grafts

2 Fenestrated and branched grafts

1 Branched graft

1 Chimney graft

34 vessels cannulated using the Magellan™ system

Complex aortic cases: Results



• 27/34 (79%) target vessel catheterized with the robot in < 15 min

• Median cannulation time: 4 min 10s (range: 40s-10 min 25s)

No target vessel injury on selective angiograms

No access site complication

Complex aortic cases: Results



Fenestrations: 7 failures

4 misalignments between fenestration and target vessel

3 ostial stenosis

7 target vessels successfully cannulated using conventional catheters (mean cannulation time: 32 min)

Branches and chimneys: no cannulation failure

Complex aortic cases: Conclusions



- Limited experience
- feasible and safe
- do not compromise conventional cannulation
- Branches/chimney > fenestrated grafts:

more space to manipulate the distal tip in branched/chimney cases?

learning curve?

Other Procedures: n = 15

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6 Embolisations

IIA before EVAR: 2

Type II EL: 1

Celiac trunk: 1

Splenic aneurysm: 1

Hepatocarcinoma: 1

5 Peripheral arterial occlusive disease

SFA: 3

Iliac: 1

Popliteal: 1

Lesion reached/crossed in 100% of cases

No arterial injury

3 CAS

1 Renal stenting

PROS



- ❖ Stability +++
- Pushability +++
- Facilitate the navigation in complex anatomies++
- Learning curve ++
- Less X-Ray exposure?
- Less trauma ?

CONS

- Cost
- Cumbersome
- Accessibility
- Complex aortic cases: Branched/Chimney> fenestrated stent grafts

In the Near Future

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- Smaller PVD vessels
- Coronary Artery
 Angioplasty and Stenting
- Embolization (Liver Tumor, Uterine Artery)
- Aortic Covered Stenting
- Fenestrated EVAR (Abdominal)
- Fenestrated tEVAR (Thoracic)
- Aortic Valve Replacement (TAVI)
- Mitral Valve
 Annuloplasty

Neurovascular

Magellan Catheter

Current
(Dual telescoping 9F)

CE Marked

Magellan Catheter
Smaller
(Single 6F)

CE Marked

Magellan Catheter

Larger

(Dual, 7F ID/10F OD)

Magellan Catheter XL

(TBD)

Magellan Catheter

XS

(TBD)

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