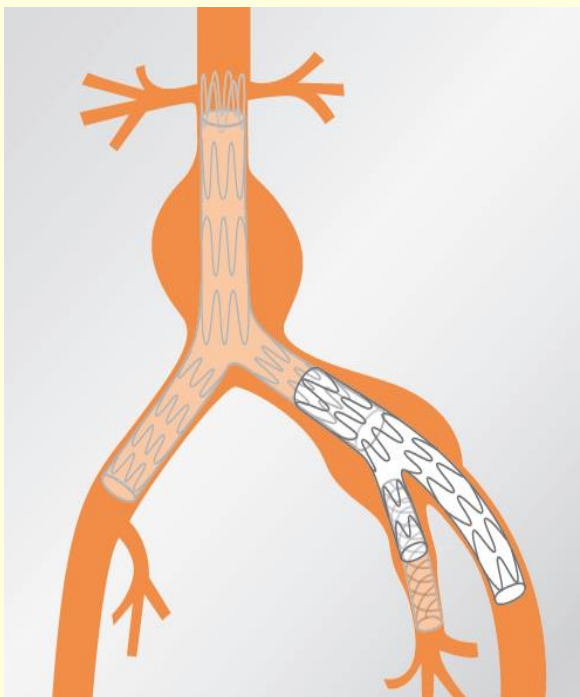


First results with the Jotec E-iliac side branch prosthesis- a multicenter report

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Background

Twenty percent of aortic aneurysms involve the iliac arteries. In order to extend the distal landing zone for endovascular repair, the hypogastric artery can be coiled to place the landing zone in the external iliac artery. This however leads to buttock claudication in 50% of the cases. Using the bell bottom technique is possible with stent grafts up to 28 mm in diameter, but with the later risk for dilatation and development of a type 1 endoleak. Using the iliac side branch technology would overcome these problems but with the potential risk for occlusion of the stent graft.

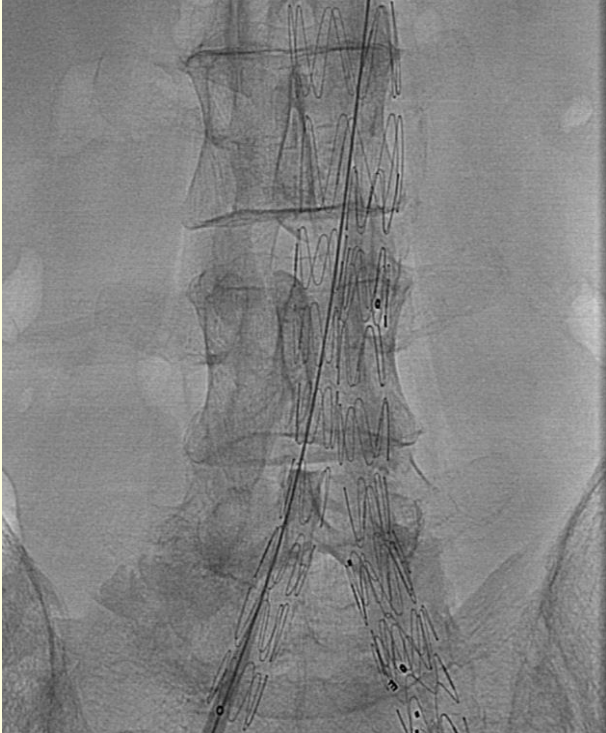


Aim

To study the technical results using the Jotec E-Iliac® device in patients electively operated with EVAR and needing an iliac side branch.

Methods and Patients

Retrospective analysis of 51 patients (49M, 2F) with a median age of 73 years and with common iliac artery size of 31 mm in median. 28 patients received a rightsided and 27 a leftsided (6 patients had bilateral iliac side branches) device.

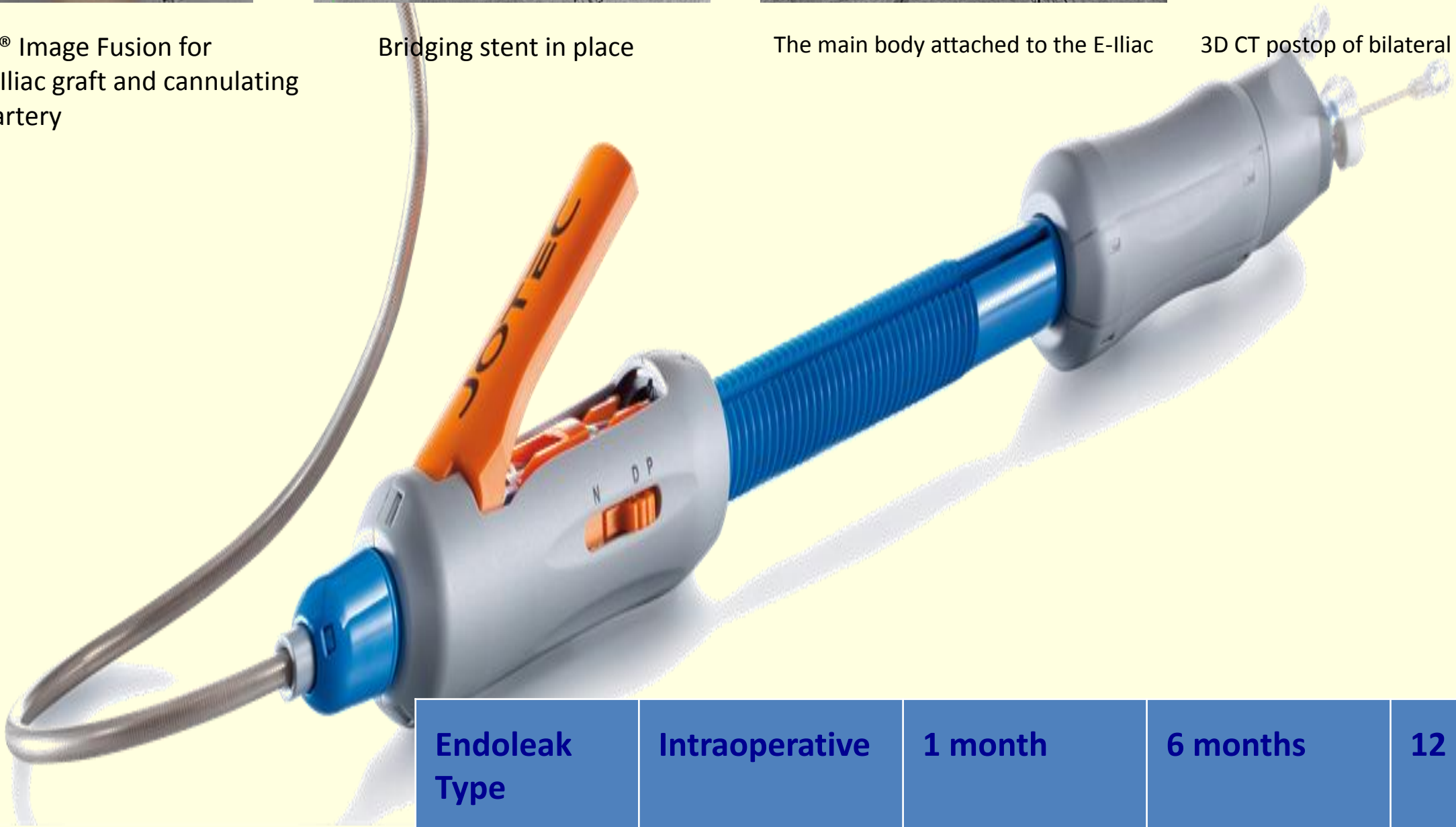


Vessel Navigator® Image Fusion for navigating the E-Iliac graft and cannulating the hypogastric artery

Bridging stent in place

The main body attached to the E-Iliac

3D CT postop of bilateral E-Iliac side branches



Results

30 day Mortality 1/51 = 2%.
No branch occlusions.

Follow up

No further mortality.
Branch occlusion: 2/55 = 3,6%
1 after 2 months
1 after 4 months

Endoleak Type	Intraoperative	1 month	6 months	12 months
I	1	2		
II	8	9	2	1
III	0			
IV	-			

Conclusions

The Jotec E-Iliac® is a versatile branched graft system showing comparable results to the Cook sidebranch prosthesis. The results are promising but longterm follow up on more patients is needed.