

Eric Allaire Pierre Bourquelot Pascal Desgranges Hicham Kobeiter Jean Marzelle

Marti

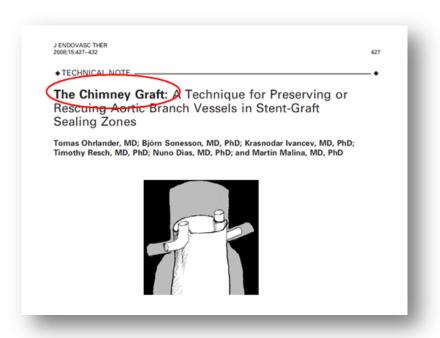
Arman

Piergil Nichol Hans-

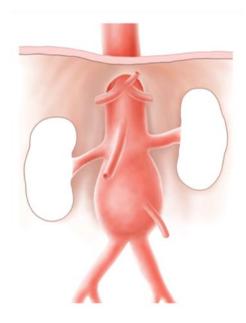
	Moderators	Jean-Pierre Becquemin, Christos Liapis, Ross Milner
	14.00	Progress in EVAR treatment
	14.00	Forget local or general anesthesia: hypnosis is the future, Gilles Dhonneur
	14.10	Closure devices: which are the best? Ian Loftus
	14.20	CONTROVERSY: Access and neck issues. « Paving and cracking »
	14.20	This is not necessary anymore: we have low profile grafts, Sonia Ronchey
	14.30	We still need this technique, Antoine Millon
	14.40	Infrarenal vs. suprarenal: controversy continues, Simon Rinckenbach
١	14.50	Short or no neck: my tricks to do a chimney, how does it work, Mario Lachat
	15.00	Reducing complications after EVAR
	15.00	How to prevent renal injury after EVAR, Hiroshi Banno
	15.10	Does flexible stent grafts increase the risk of limb occlusion? Elsa Faure
	15.20	Discussion

Chimney Technique

Parallel graft



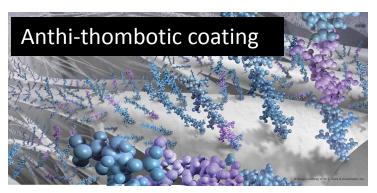
Short neck (juxtarenal)



Methods

CHIMNEY GRAFT – SECS (VIABAHN)









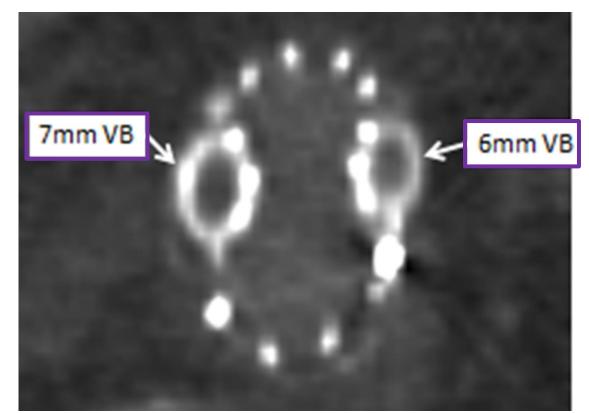
One millimeter oversizing

SIZING AORTIC SG

MAD* + 1/2 PG diameter

24mm + 1/2 (7mm + 6mm) = 30.5mm

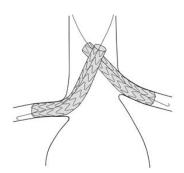




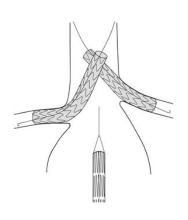
MAD*:

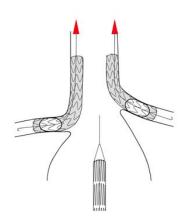
>70y= Mean Aortic Diameter

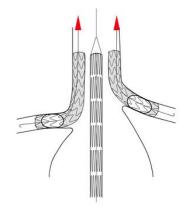
<70y= MAD+10%

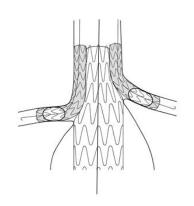


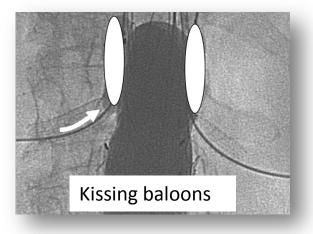
TRANS-BRACHIAL/AXILLARY





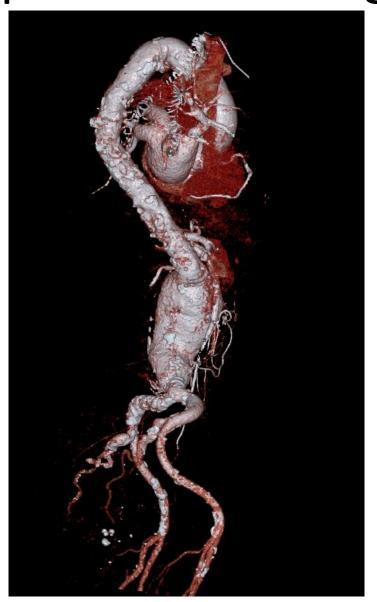




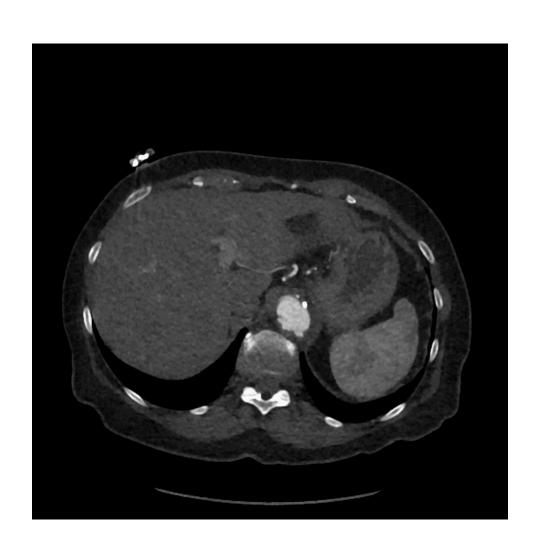


Transfemoral Technique

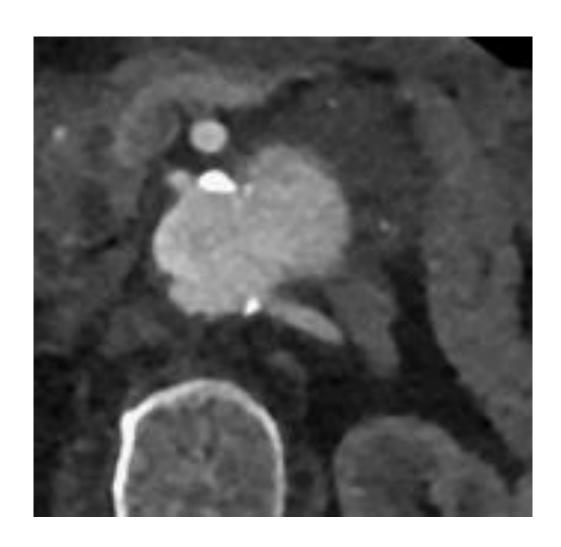
Preoperative Investigations



Preoperative Investigations



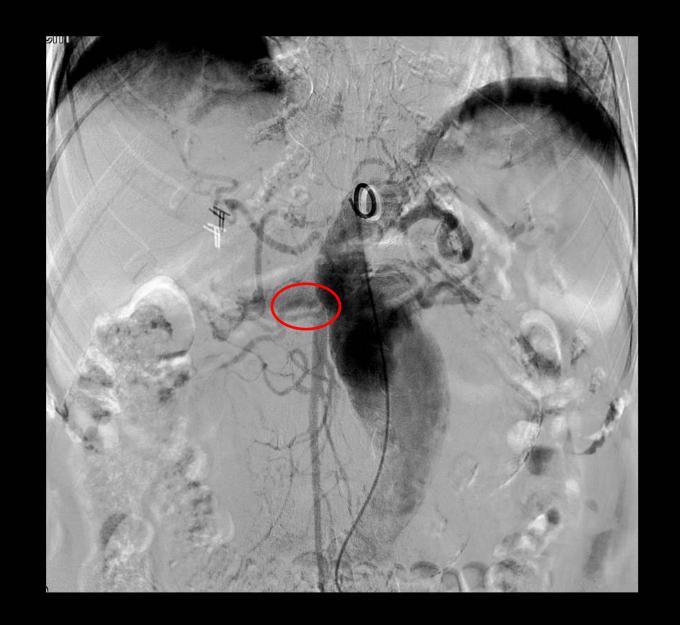
Preoperative Investigations

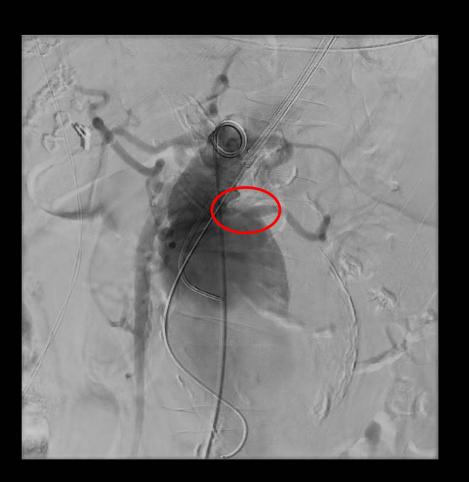


RRA 3.8mm LRA 4.5mm

Procedure: PG-EVAR

- Planned procedure:
 - Chimney graft on left and right renal artery
 - Intending a landing zone below SMA of 16mm
 - Excluder C3

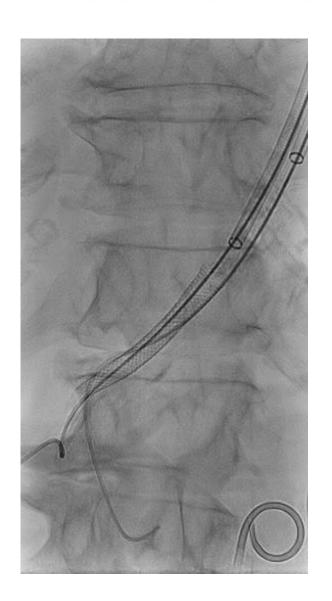




LAO 75

PRIMARY RELINING (WALLSTENT)







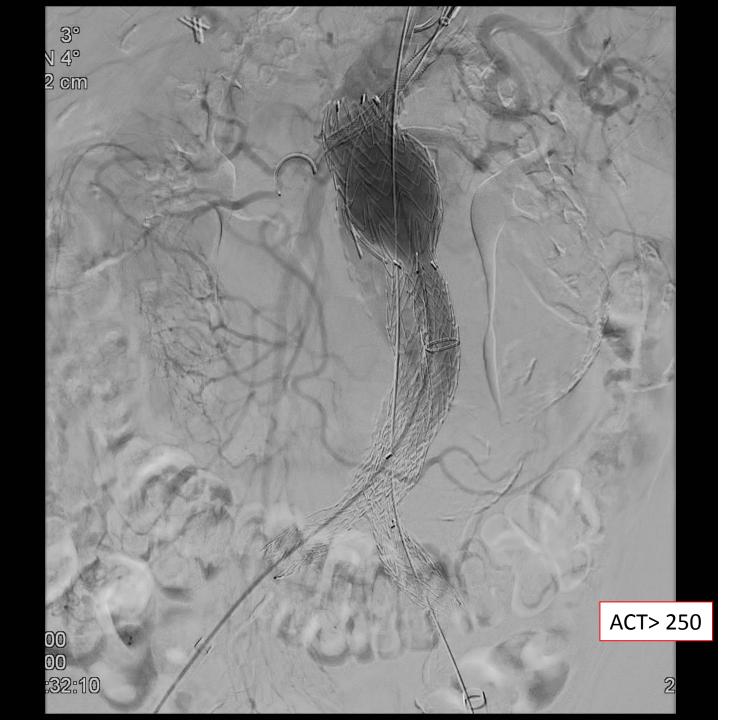
TRANSFEMORAL LIFT TECHNIQUE

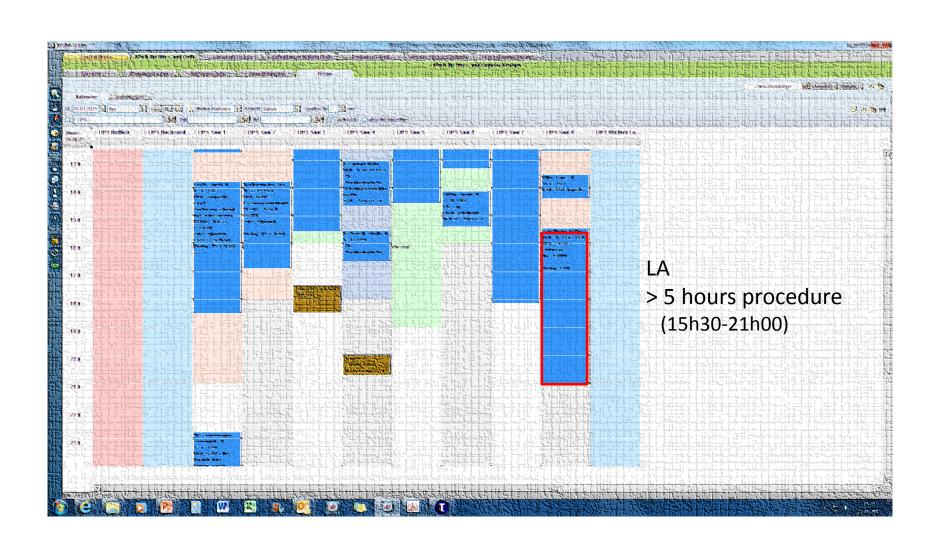








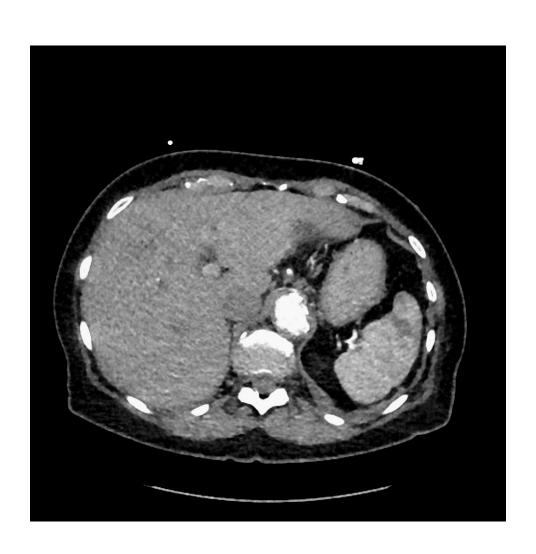




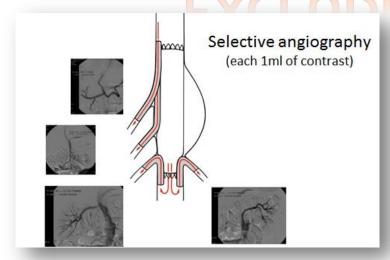
Postoperative control day 2



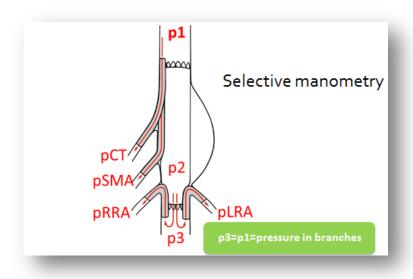
Postoperative control day 2



EXCLUDE FLOW RESTRICTION





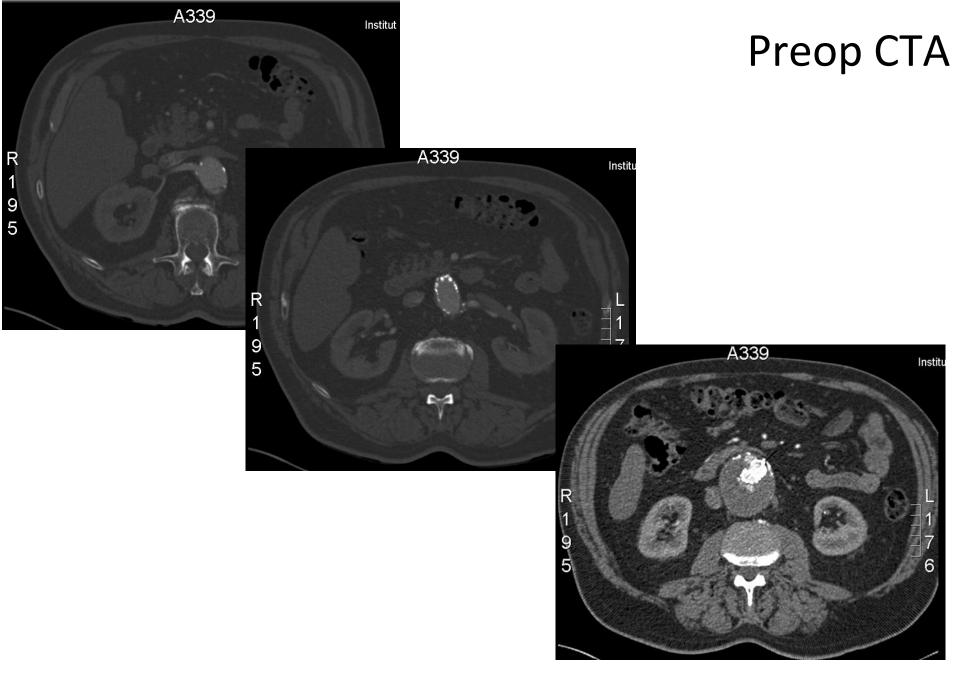




Acute CG occlusion

Indication for CG-EVAR

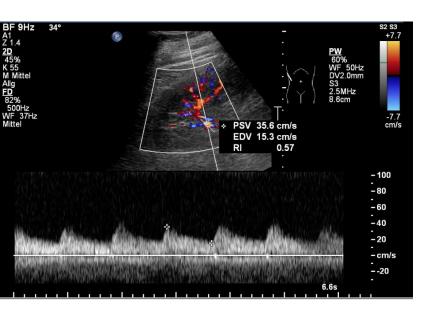
- Type Ia EL after EVAR
- Surgical strategy:
 - 1 chimney to LRA
 - 1 aortic cuff



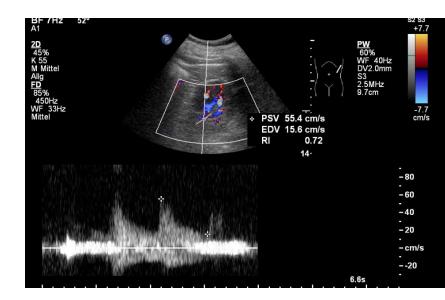
Procedure





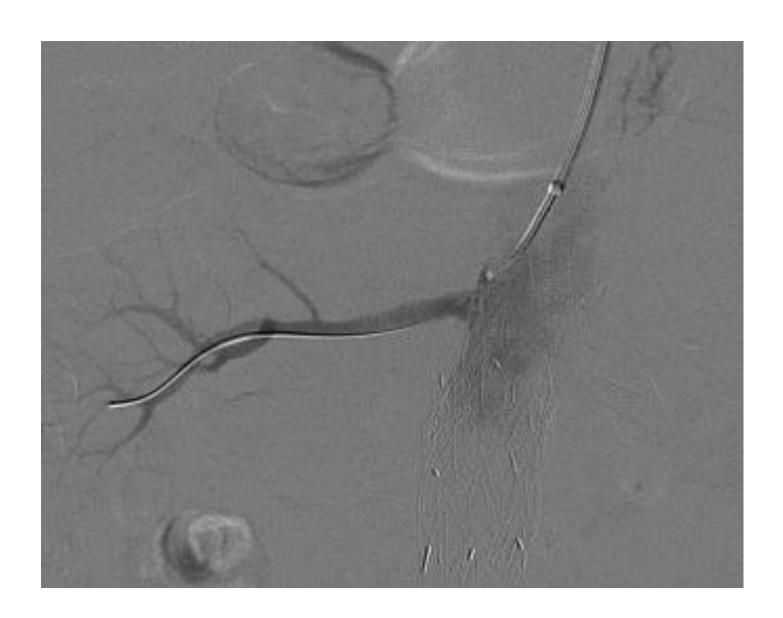


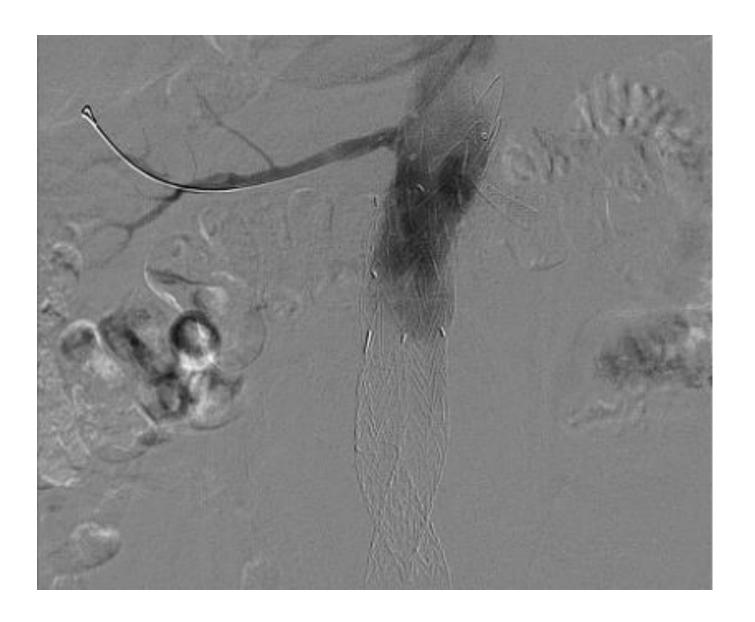
Postop duplex

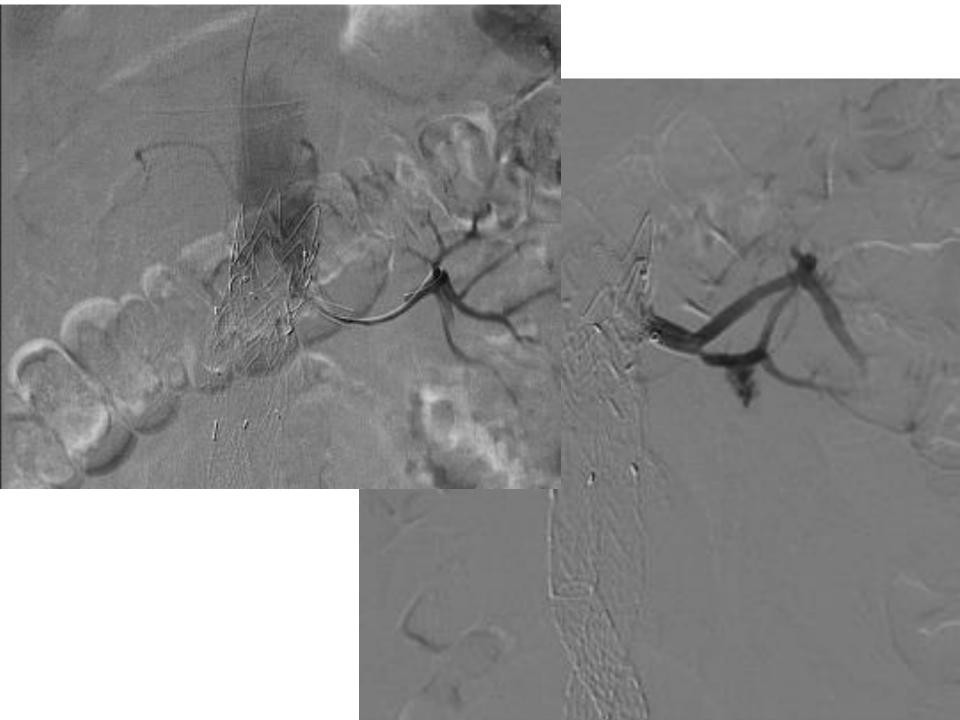


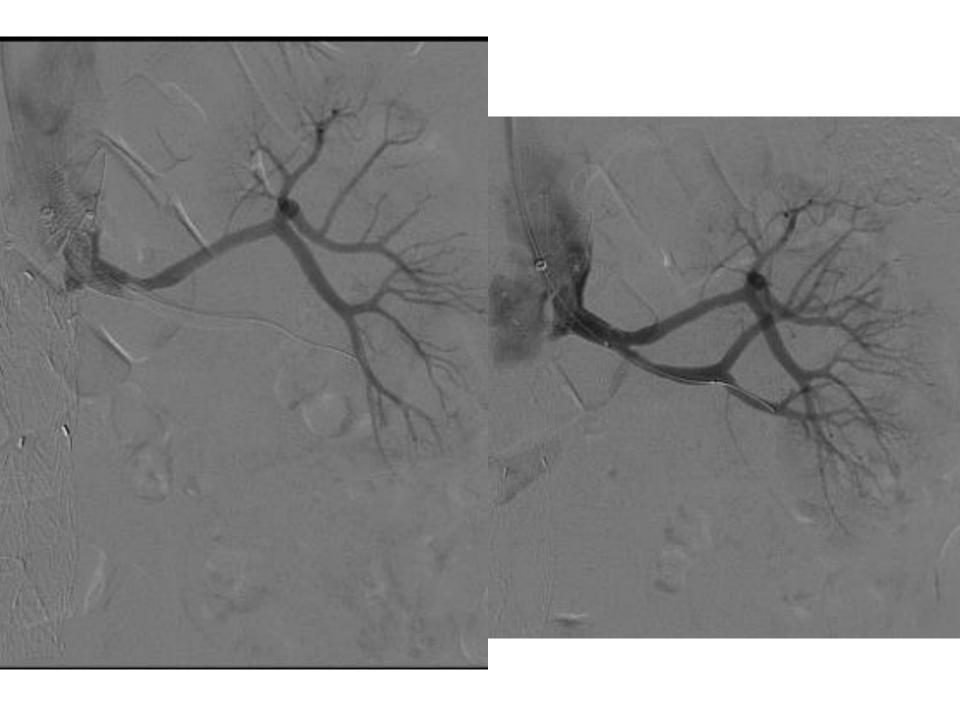
Redo procedure (CG to RRA)



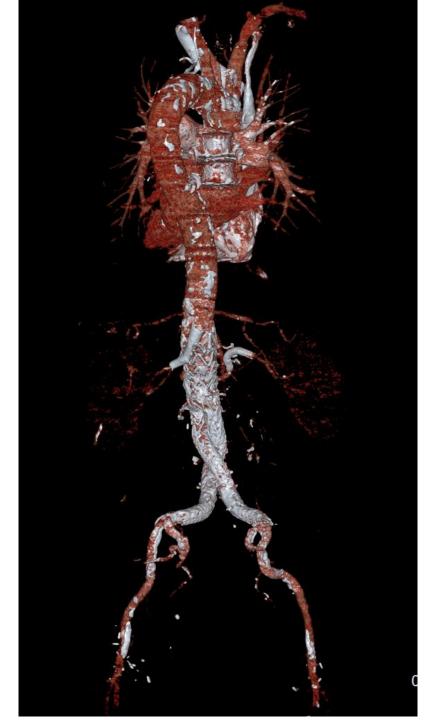




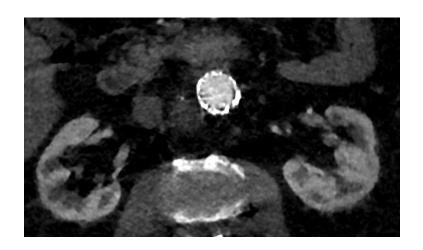








5-year FUP



Endoleak treatment

Peri-chimney leak embolization



Peri-chimney leak embolization

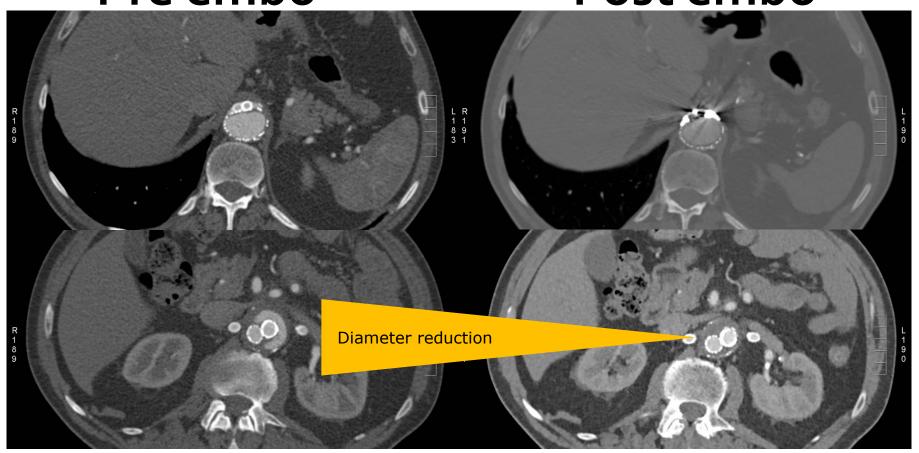
Pre embo Post embo



EVOH (ONYX)

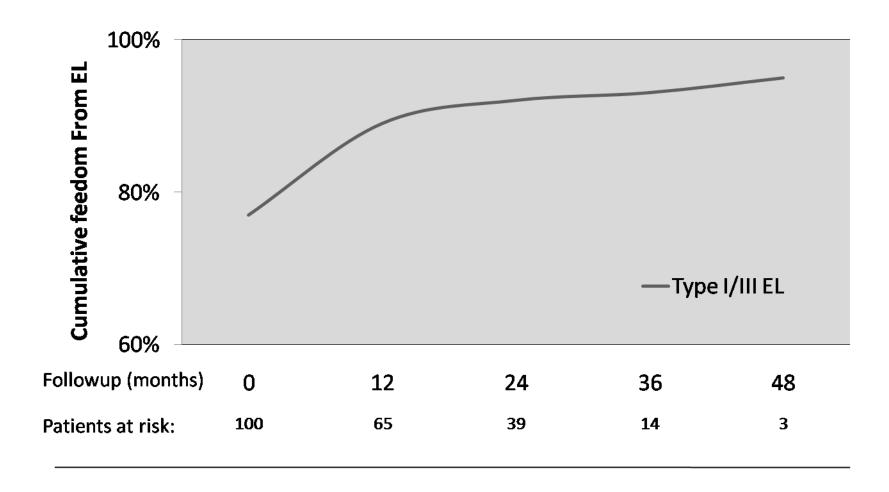
Peri-chimney leak embolization

Pre embo Post embo



EVOH (ONYX)

Figure 1. Freedom from type I/III endoleak



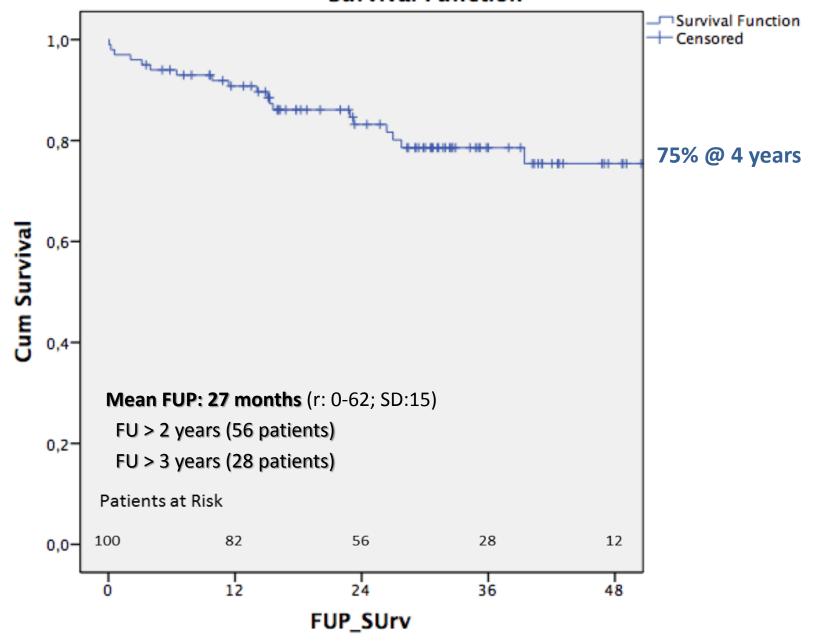
Results

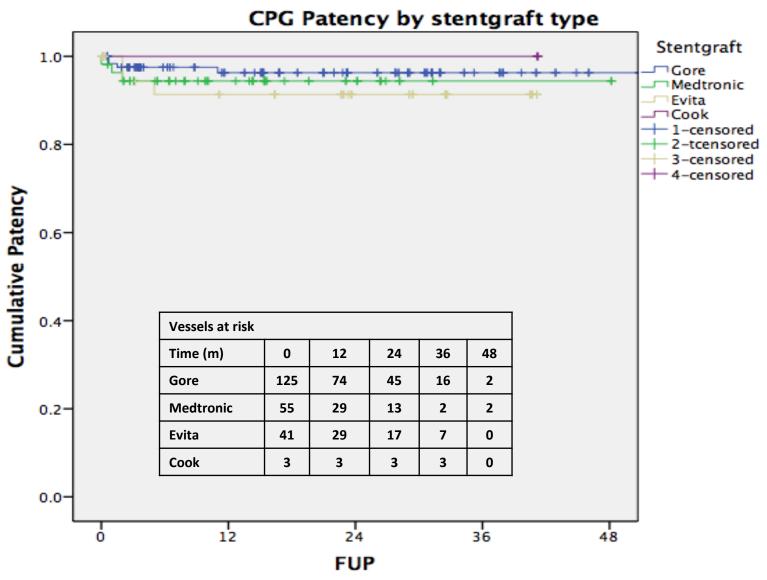
30d Results (n=100)

- Immediate technical success rate: 99%
 - 2 renal CPG missed

- Mortality rate: 2%
 - Elective: 1.4% (1/73)
 - Nonelective: 4% (1/27)

Survival Function





P = .64

Parallel grafts (100 pts from UHZ)

Late outcomes				
	Mortality at FUP	MAXTD	CPG patency	Reinterventions
PRAA vs TAAA	0.32	0.77	0.97	0.15
Elective vs nonelective	0.001	0.62	0.52	0.01
1-2 CPG vs 3-4 CPG	0.03	0.17	0.84	0.06
CG vs PG vs CPG	0.06	0.59	0.95	0.33
Renal vs visceral vs all	0.72	0.12	0.41	0.40
Aortic stentgraft	0.96	0.12	0.86	0.08

Conclusions

 One or two chimney grafts in short infrarenal neck is valuable option, at least for acute patients or patients unfit for open repair or F/BEVAR

Thank You

