

TIPS & TRICKS WITH TAAA OTS BRANCHED GRAFT

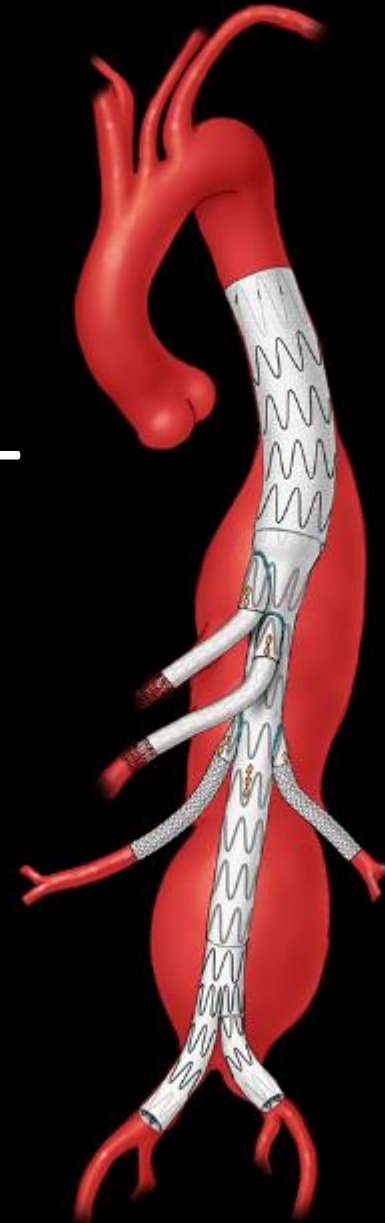
Gustavo S. Oderich MD

Professor of Surgery

Director of Vascular Training Programs

Director of Endovascular Therapy

Division of Vascular and Endovascular Surgery



CONTROVERSIES & UPDATES IN
VASCULAR SURGERY

PARIS 2017

FACULTY DISCLOSURES

- Consulting*

Cook Medical Inc., WL Gore, Bolton Medical, GE, Synthax

- Research grants*

Cook Medical Inc., WL Gore, GE Healthcare

- Investigational, off-label use of devices

Cook Fenestrated and Branched Grafts, Gore Branched Technology

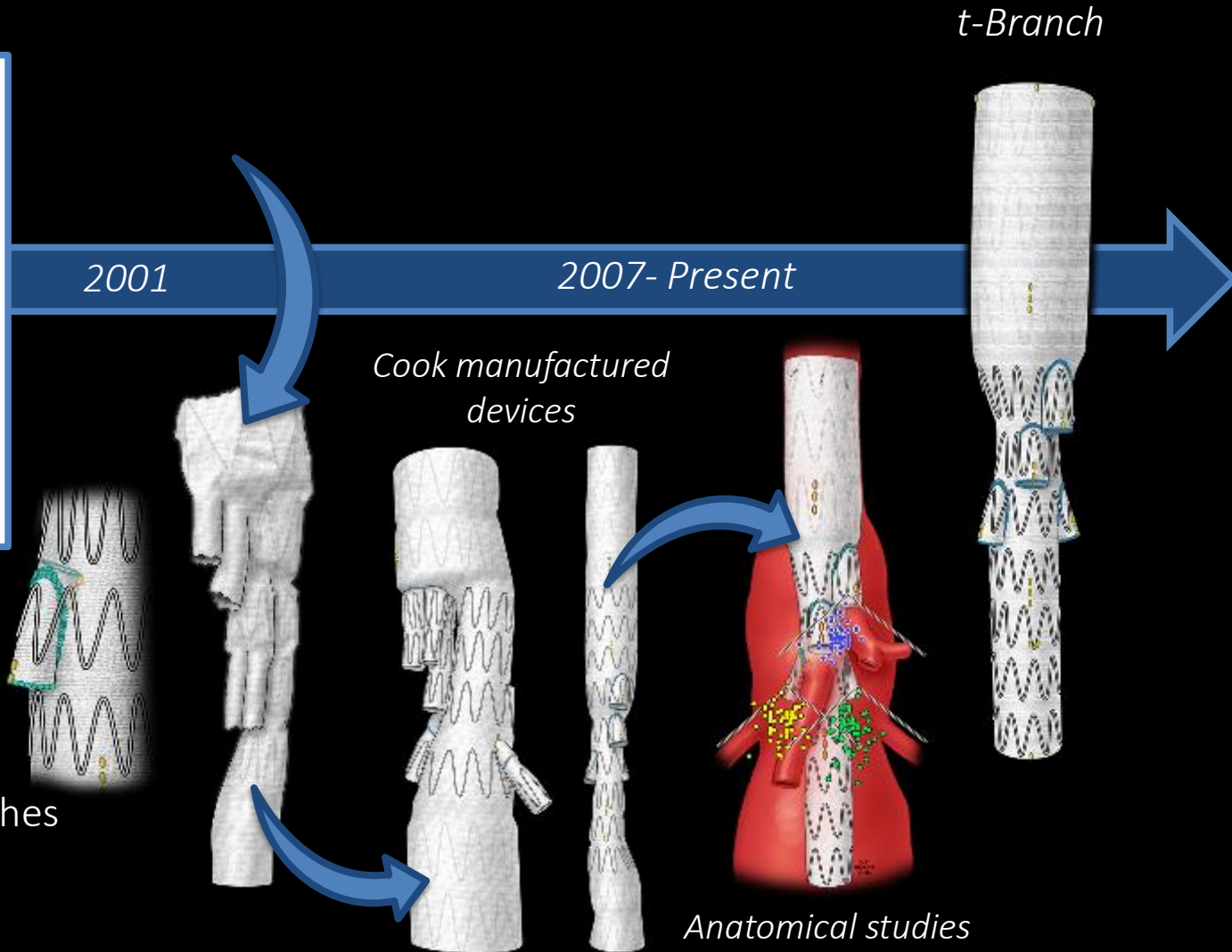
* All consulting fees and research educations grants paid to Mayo Clinic

OTS BRANCH CONCEPT

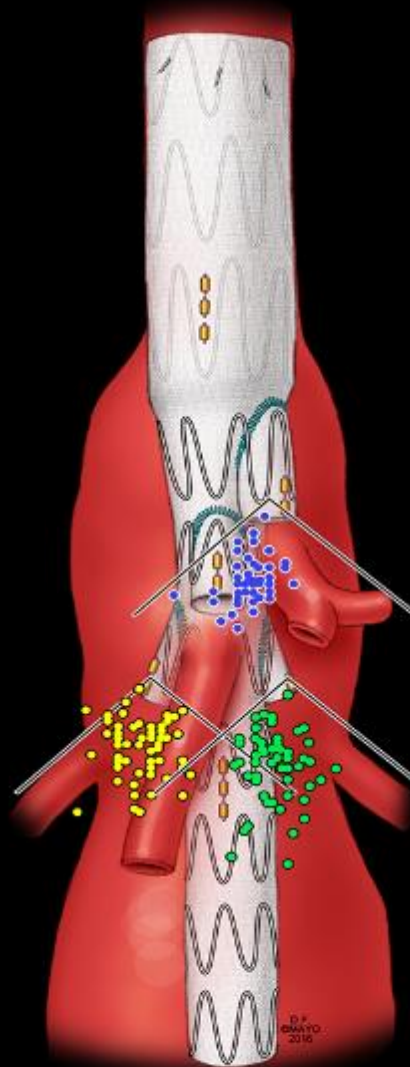
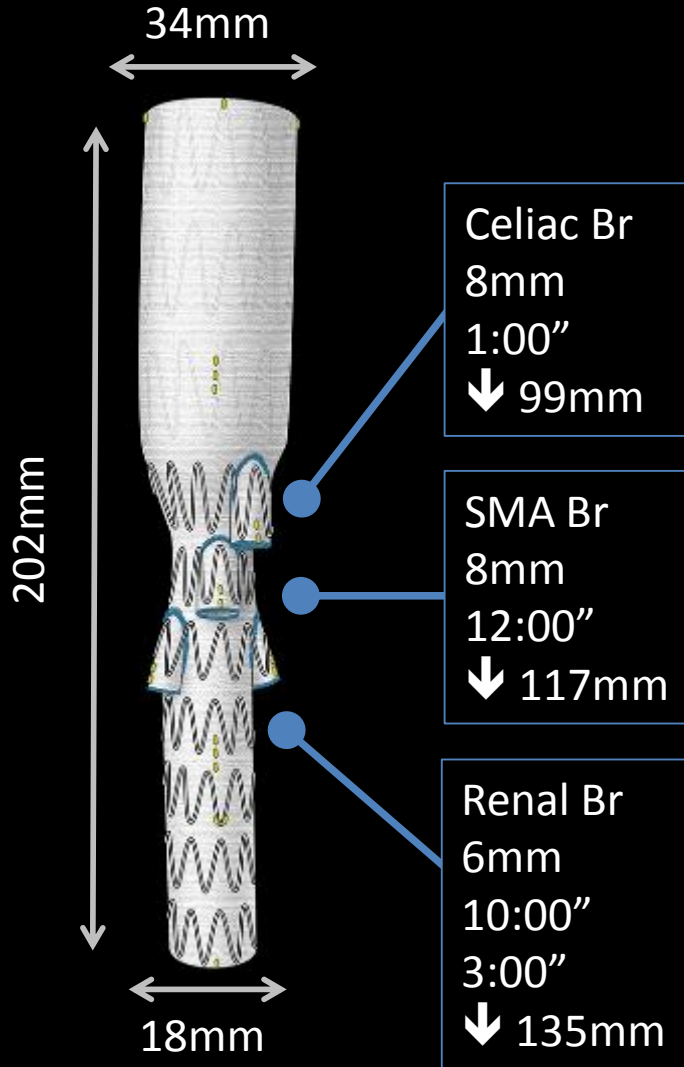


Tim Chuter (UCSF)

- Brachial access
- Down-going branches
- First prototypes



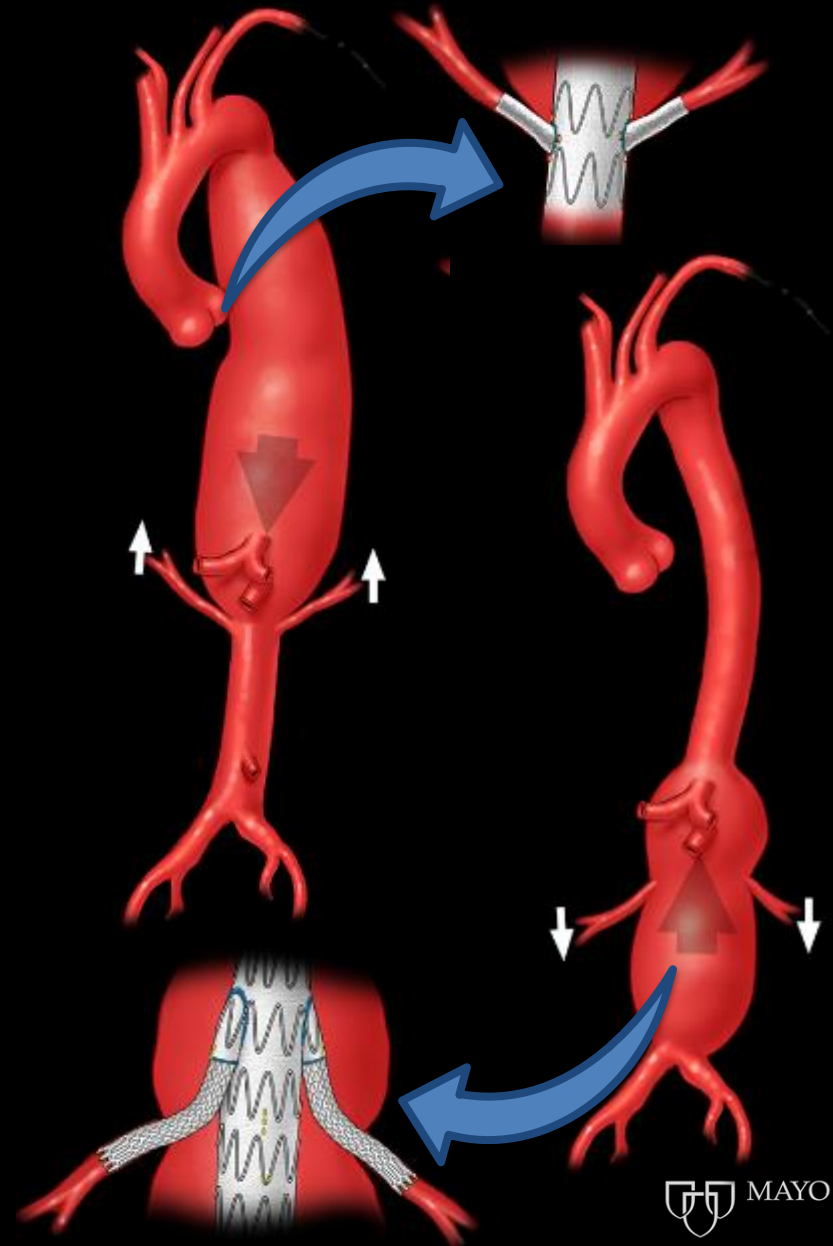
COOK t-BRANCH®



- Off-the-shelf
- 4 branches
- Luminal diameter >25mm
- Suitable targets
Renal (4-8mm)
Mesenteric (6-11)

CASE SELECTION

- Good access (22Fr)
- Large aortic diameter (>30mm)
- Down-going oriented vessels
- 4 renal-mesenteric targets with diameter 4-11mm

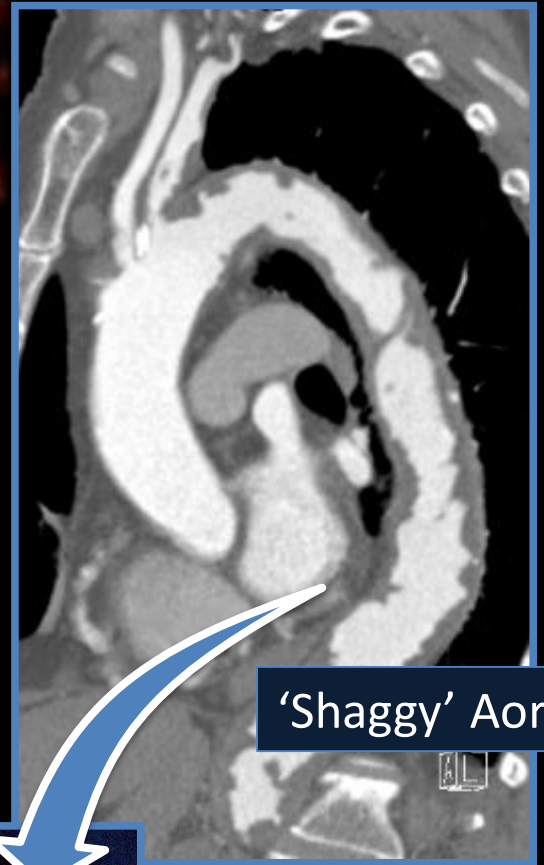
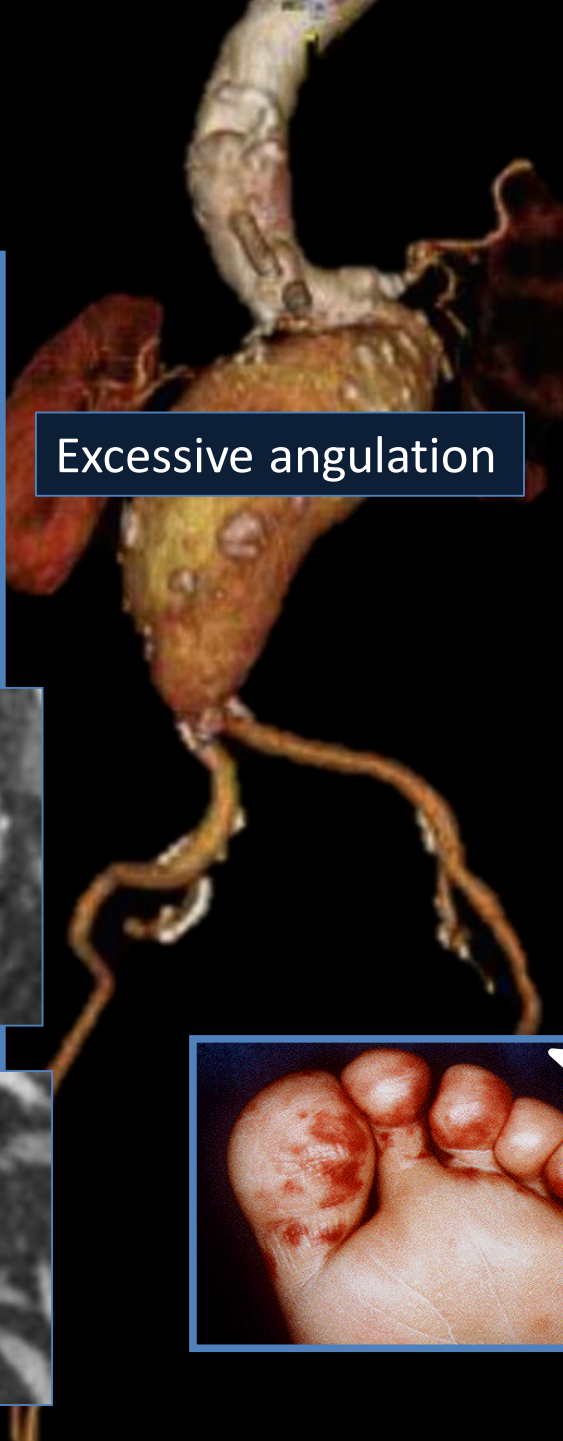


CASES TO AVOID

Multiple, small renal arteries

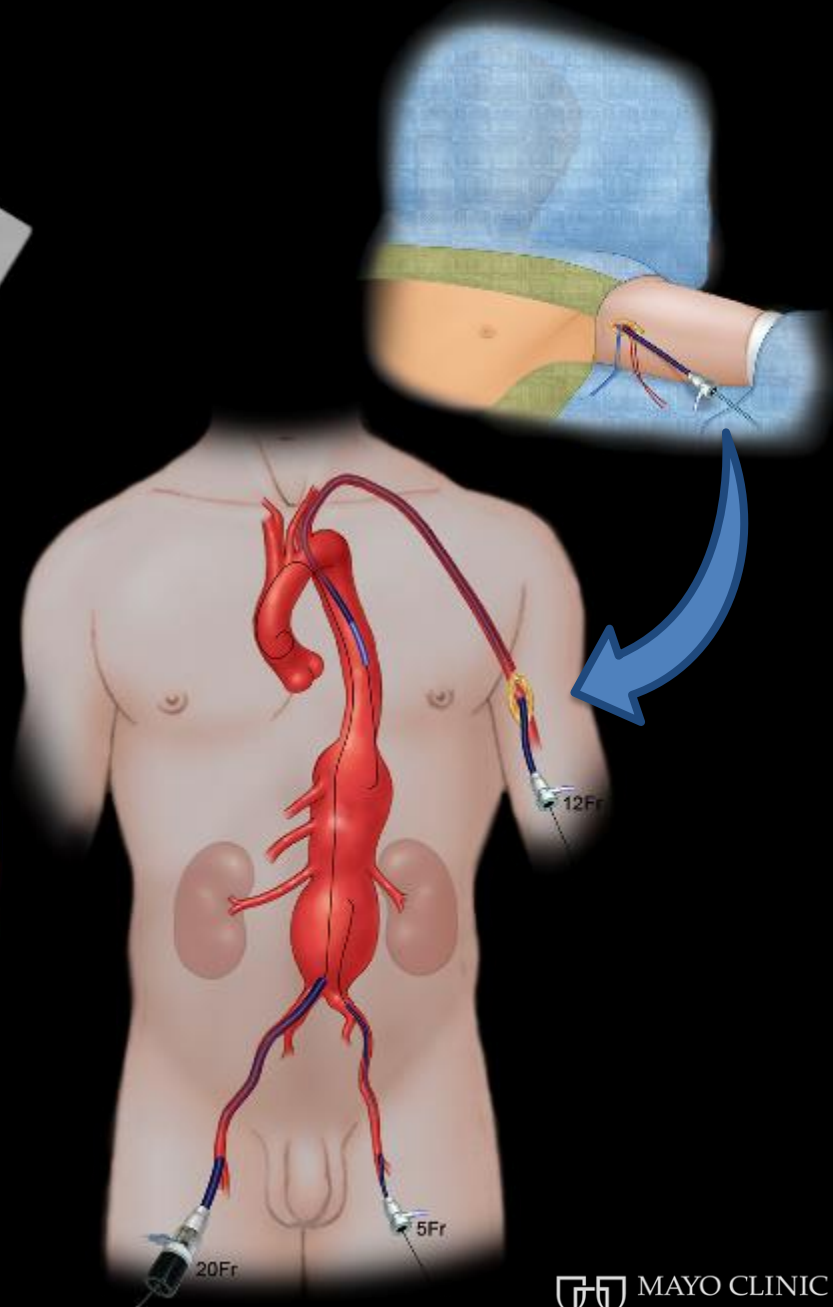
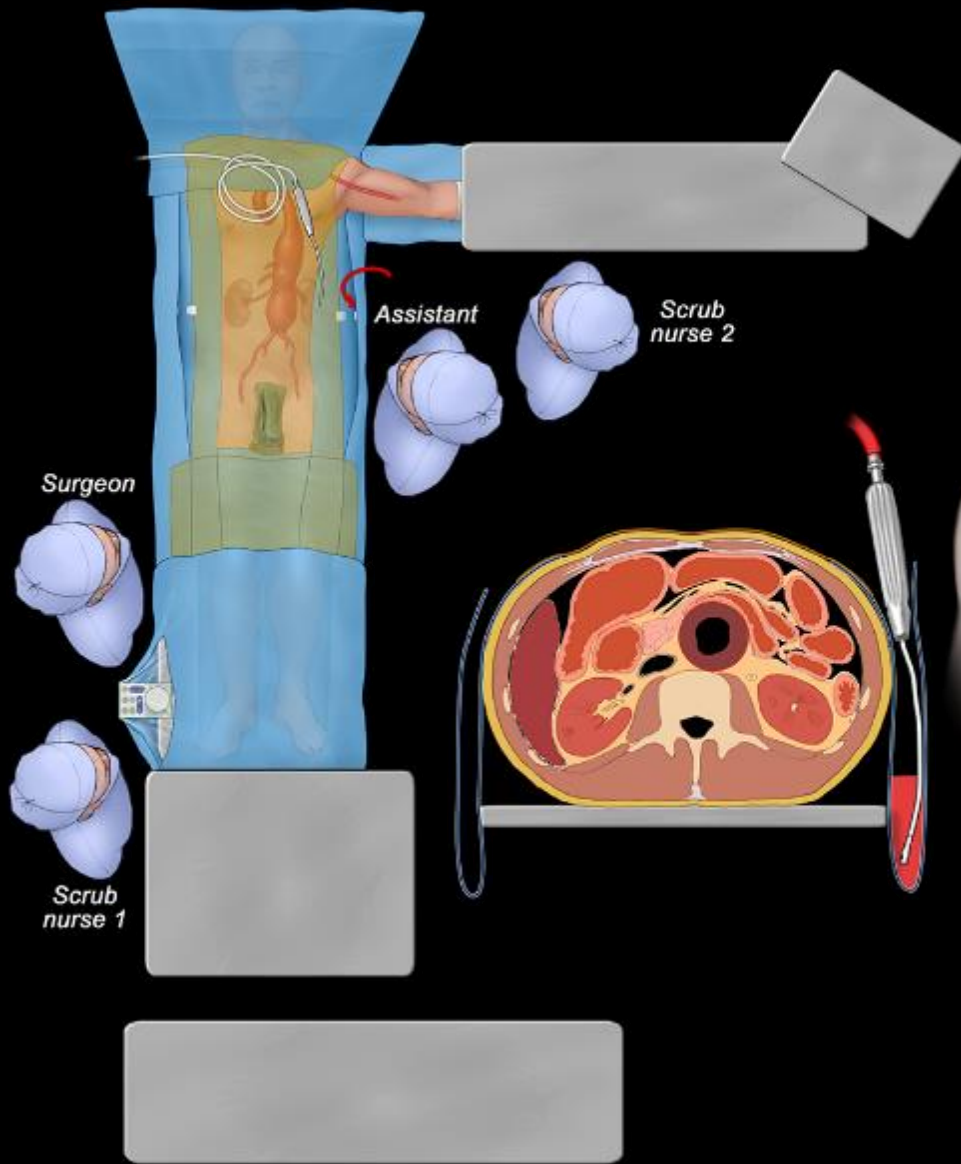


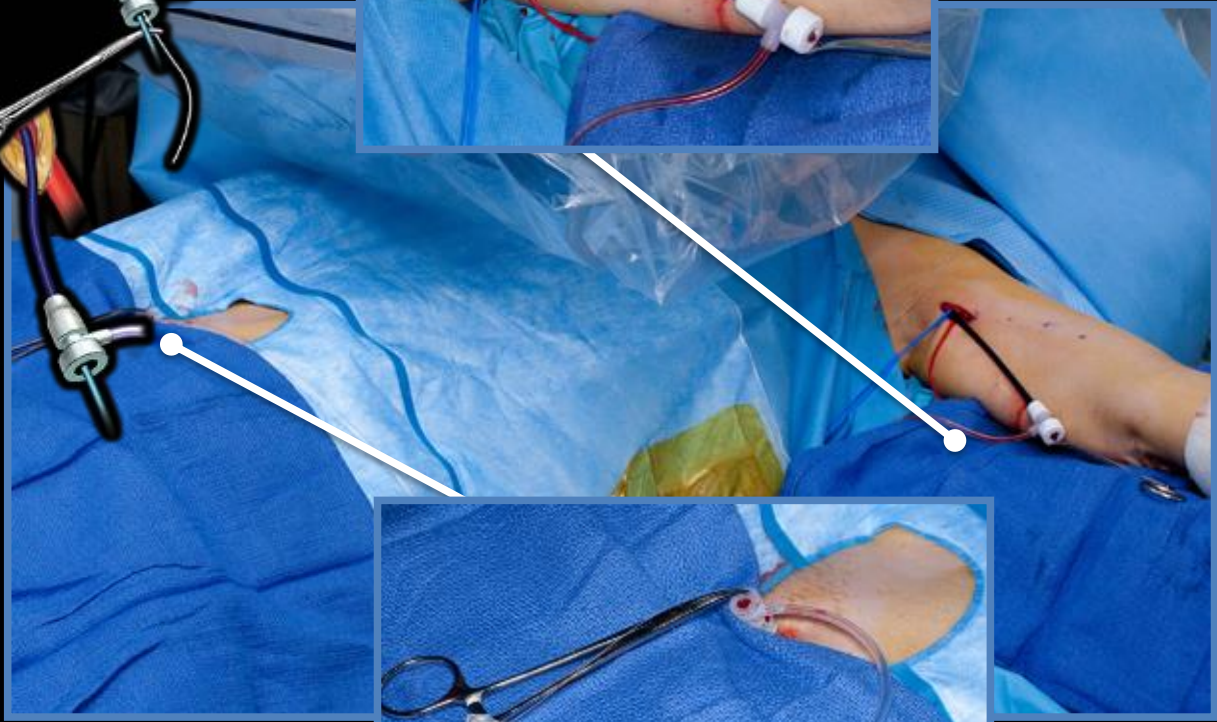
Excessive angulation

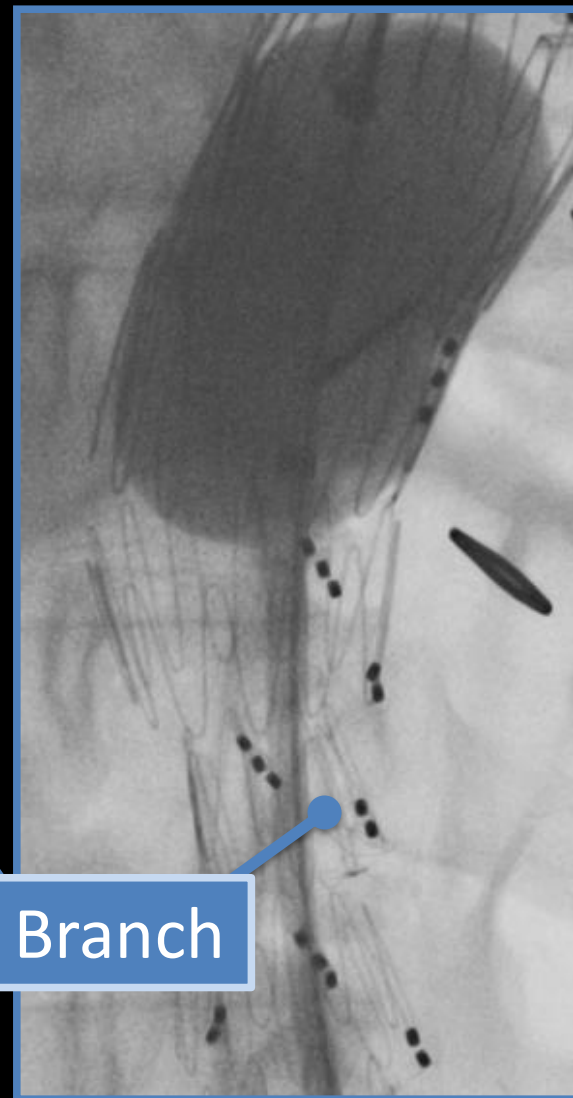
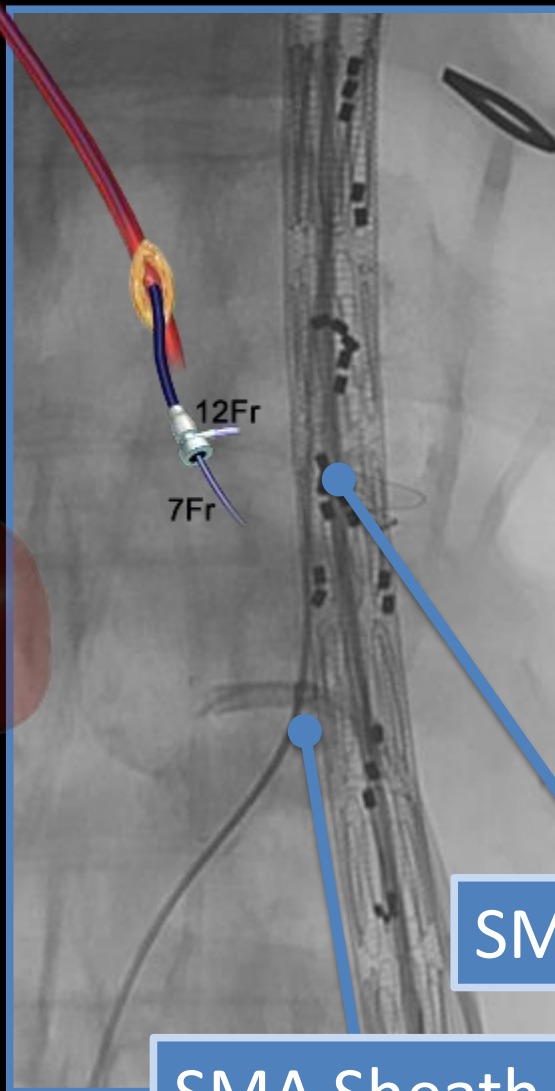
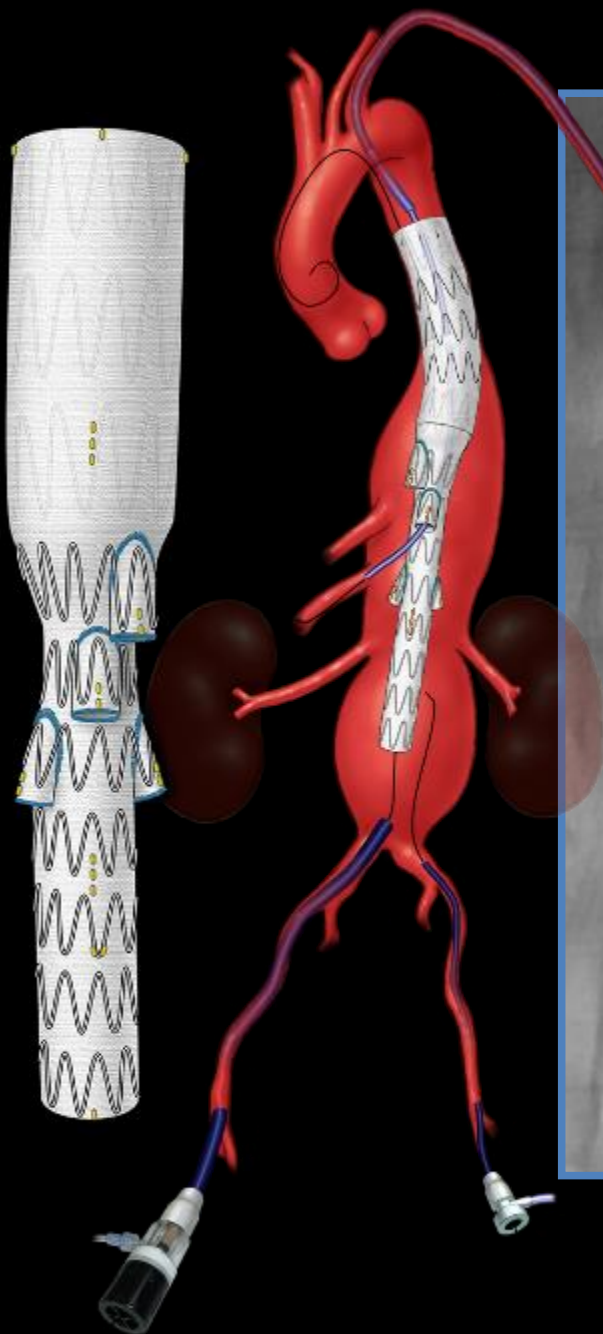


'Shaggy' Aorta



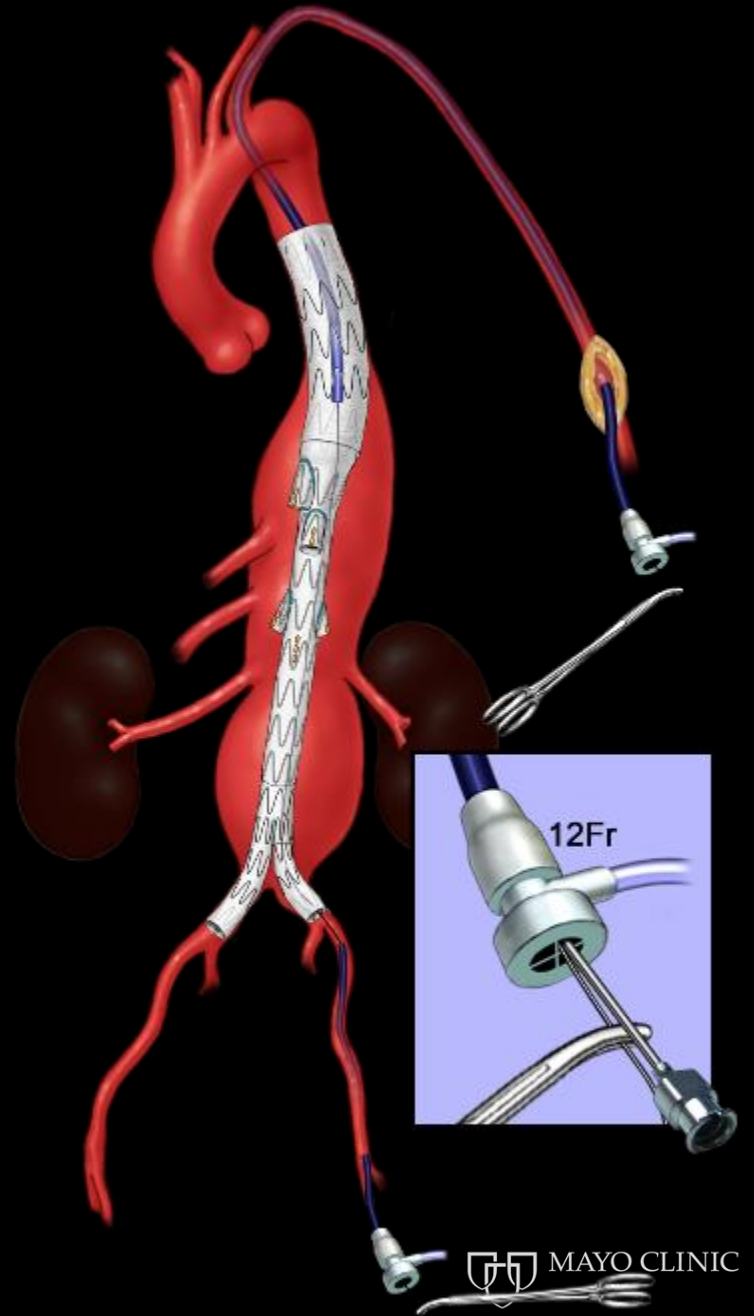
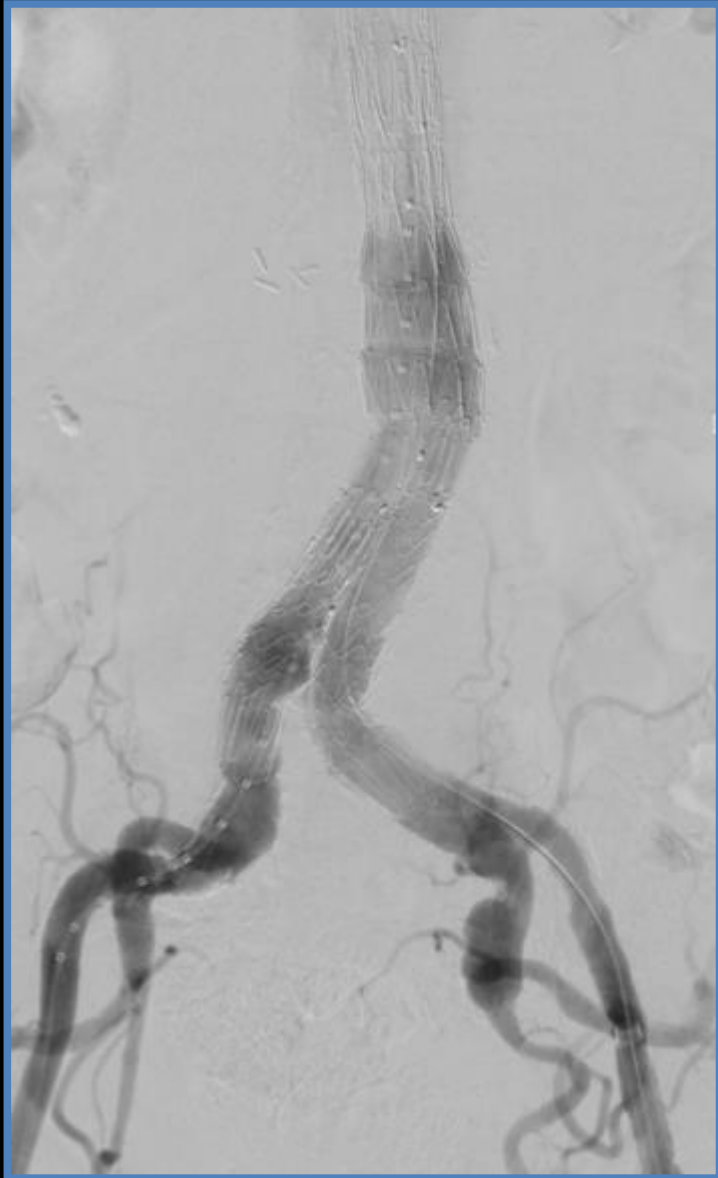


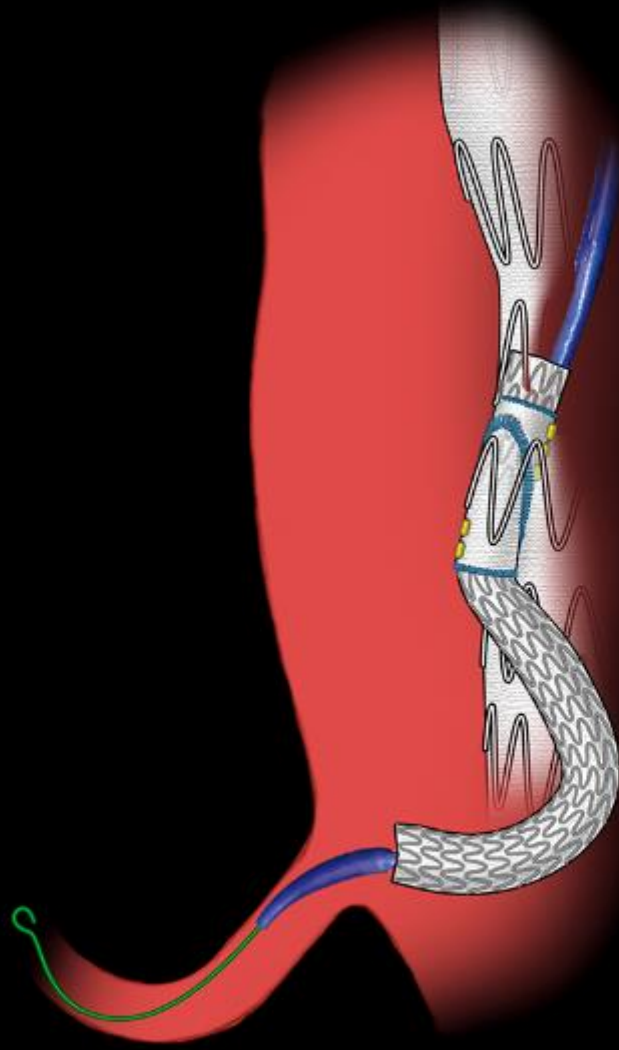
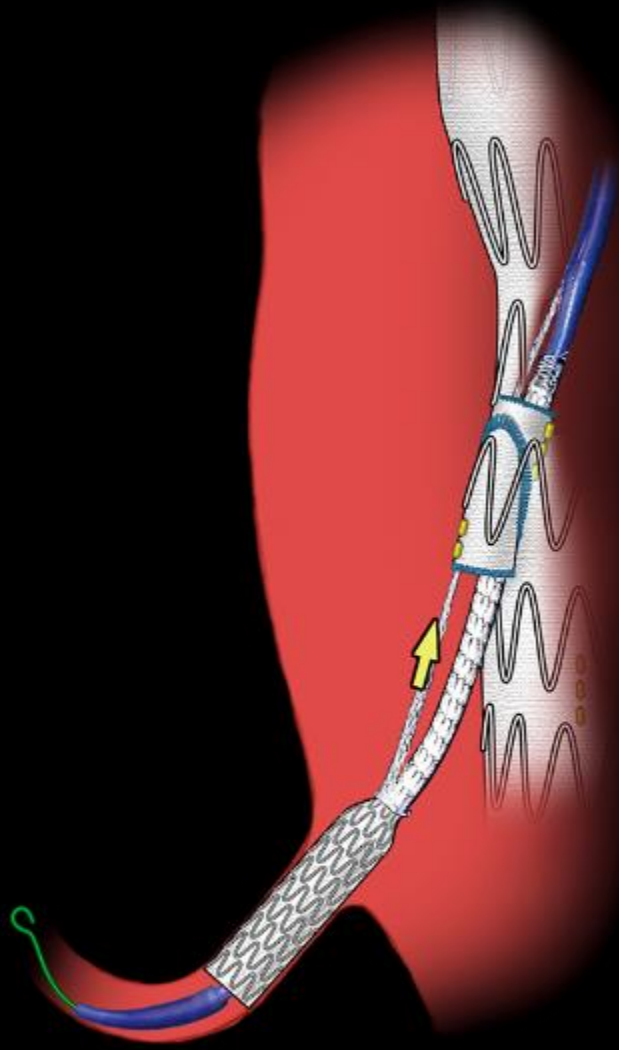


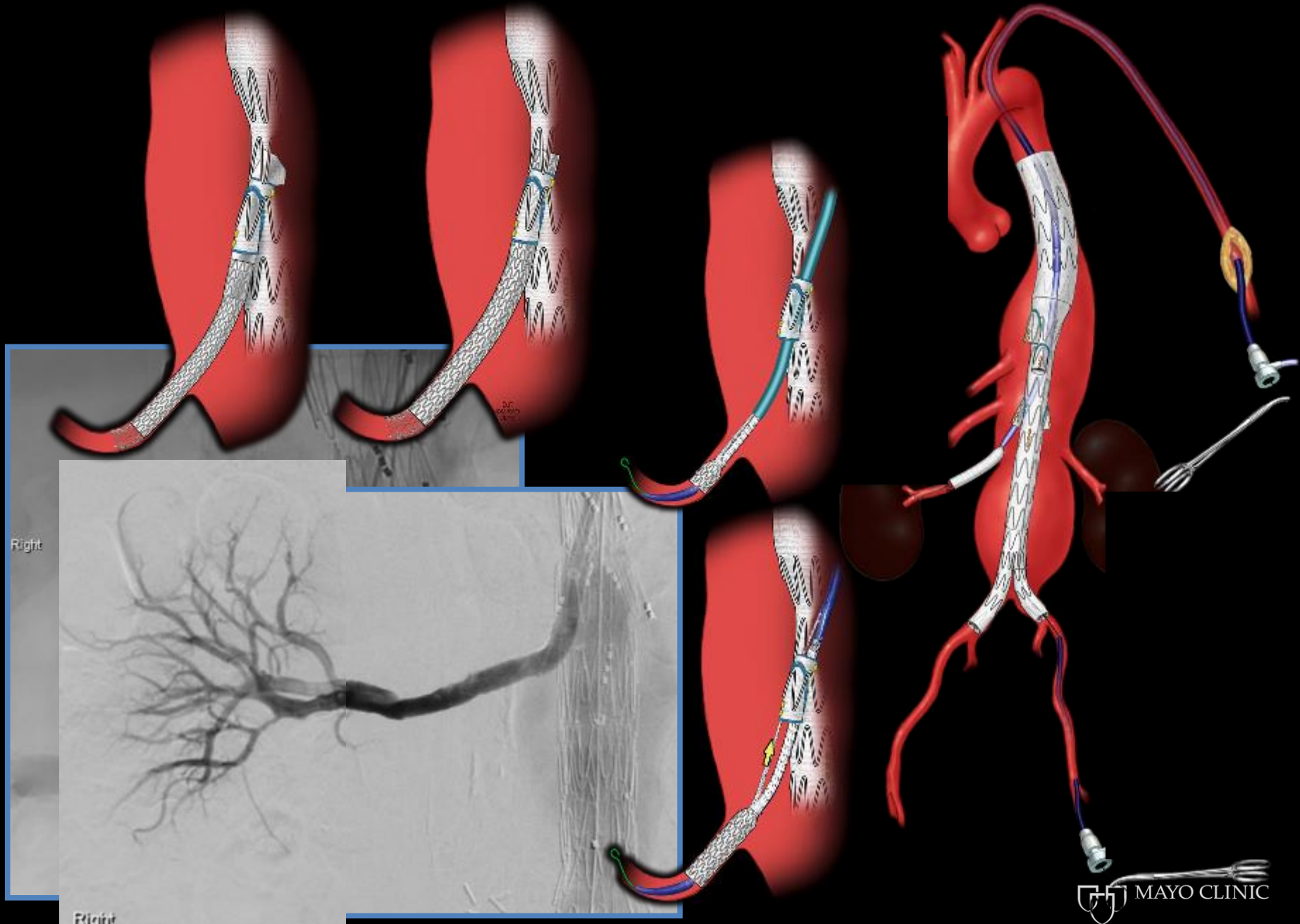


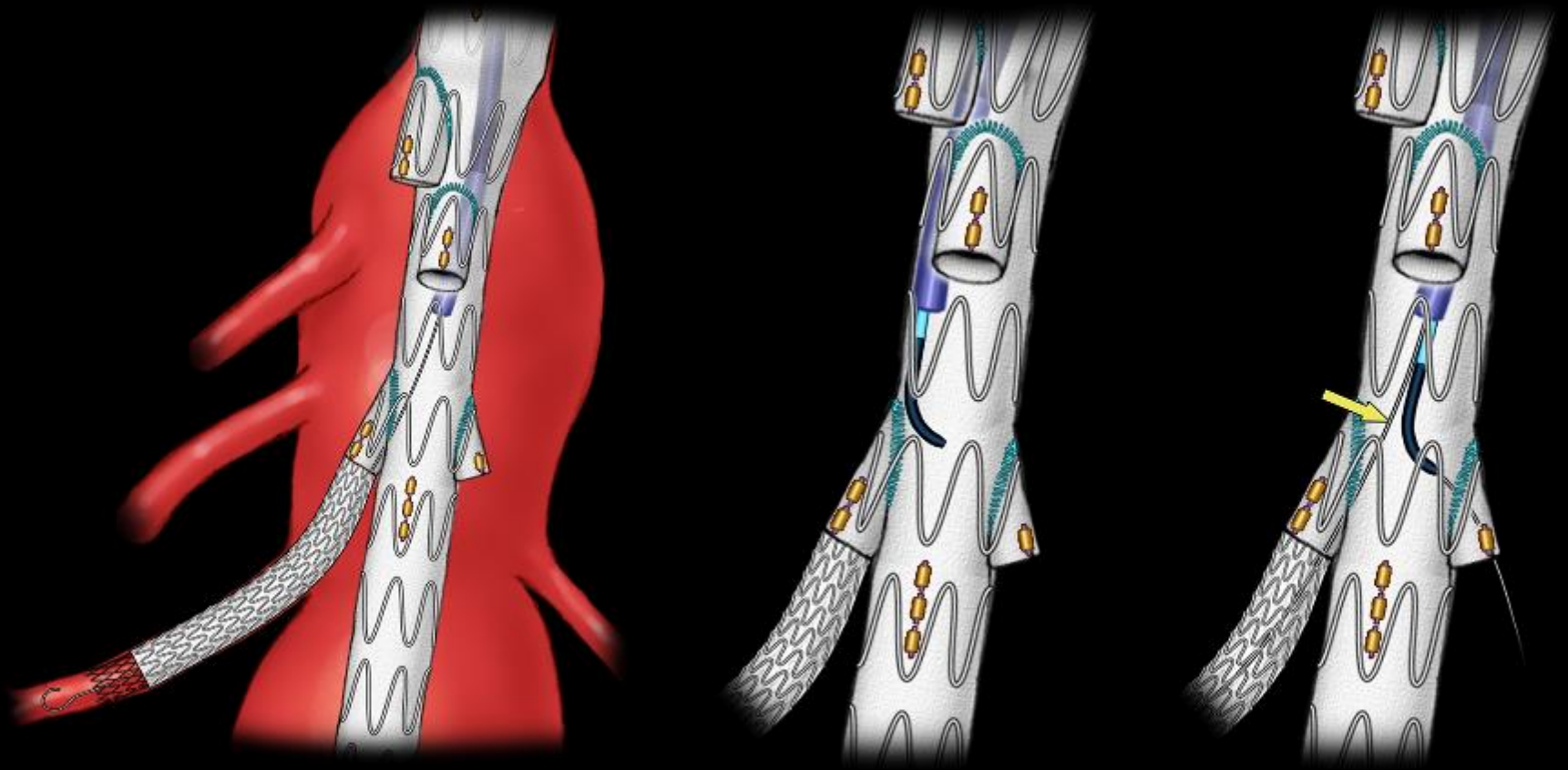
SMA Sheath

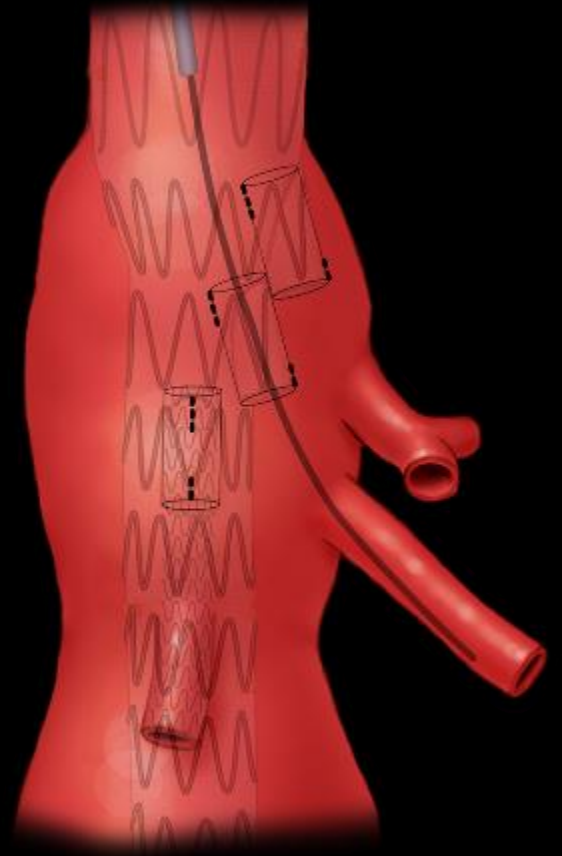
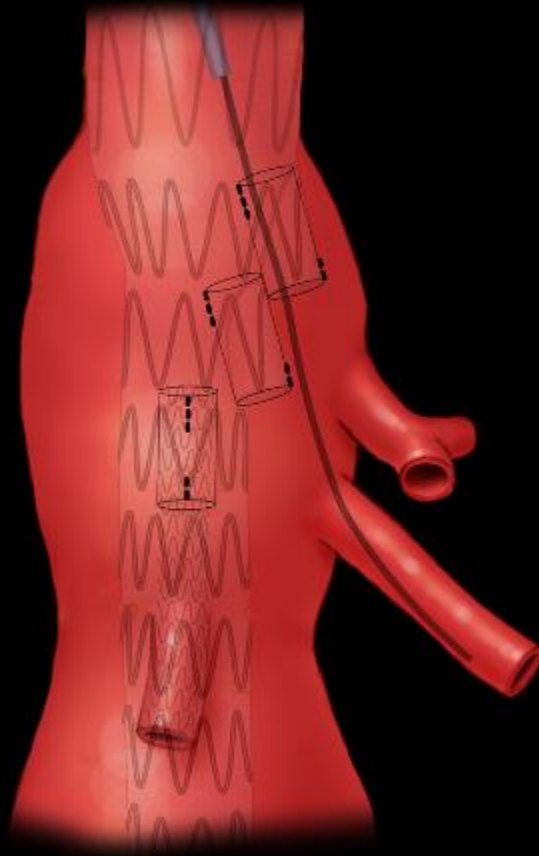
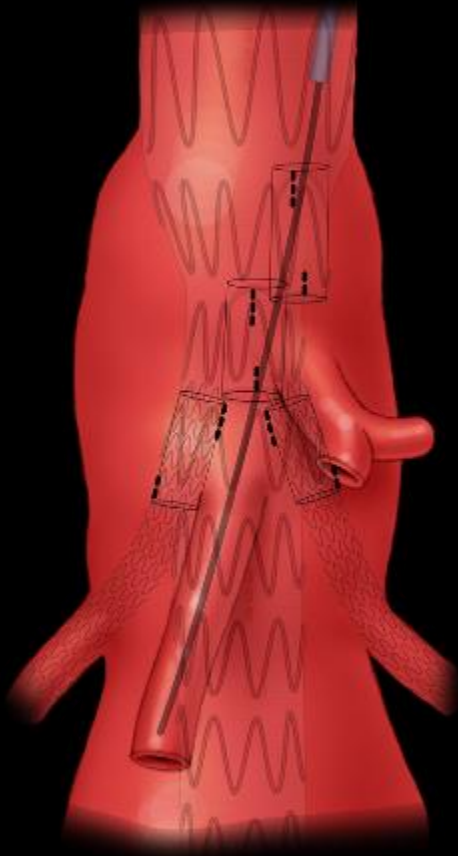
SMA Branch



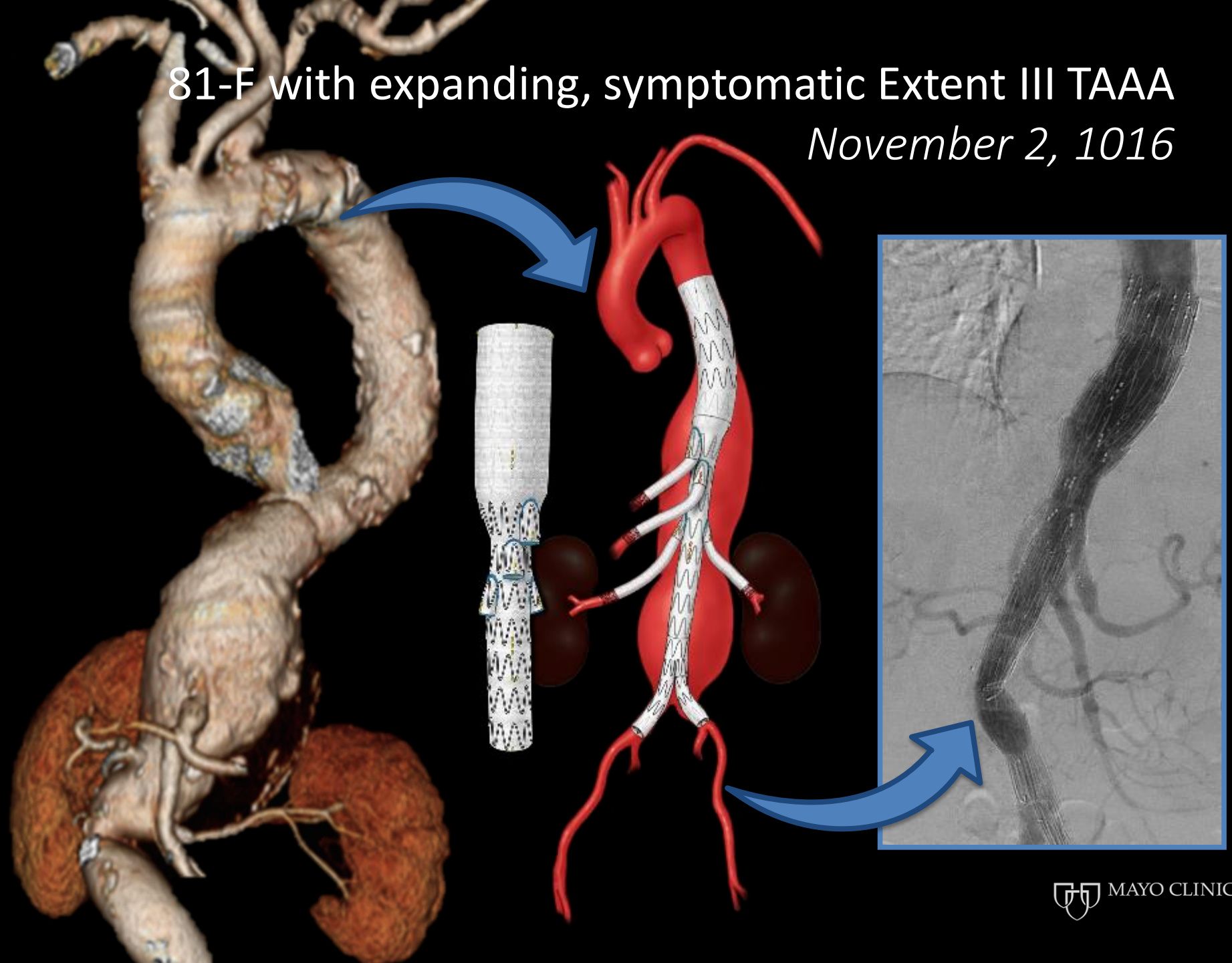




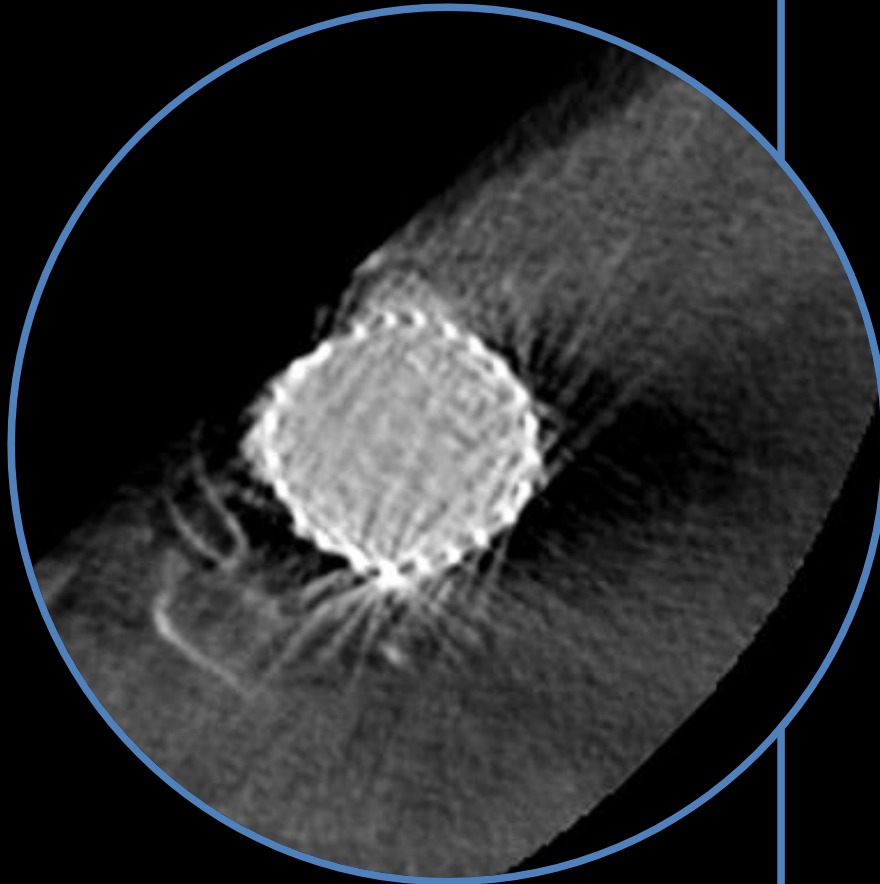




81-F with expanding, symptomatic Extent III TAAA
November 2, 1016

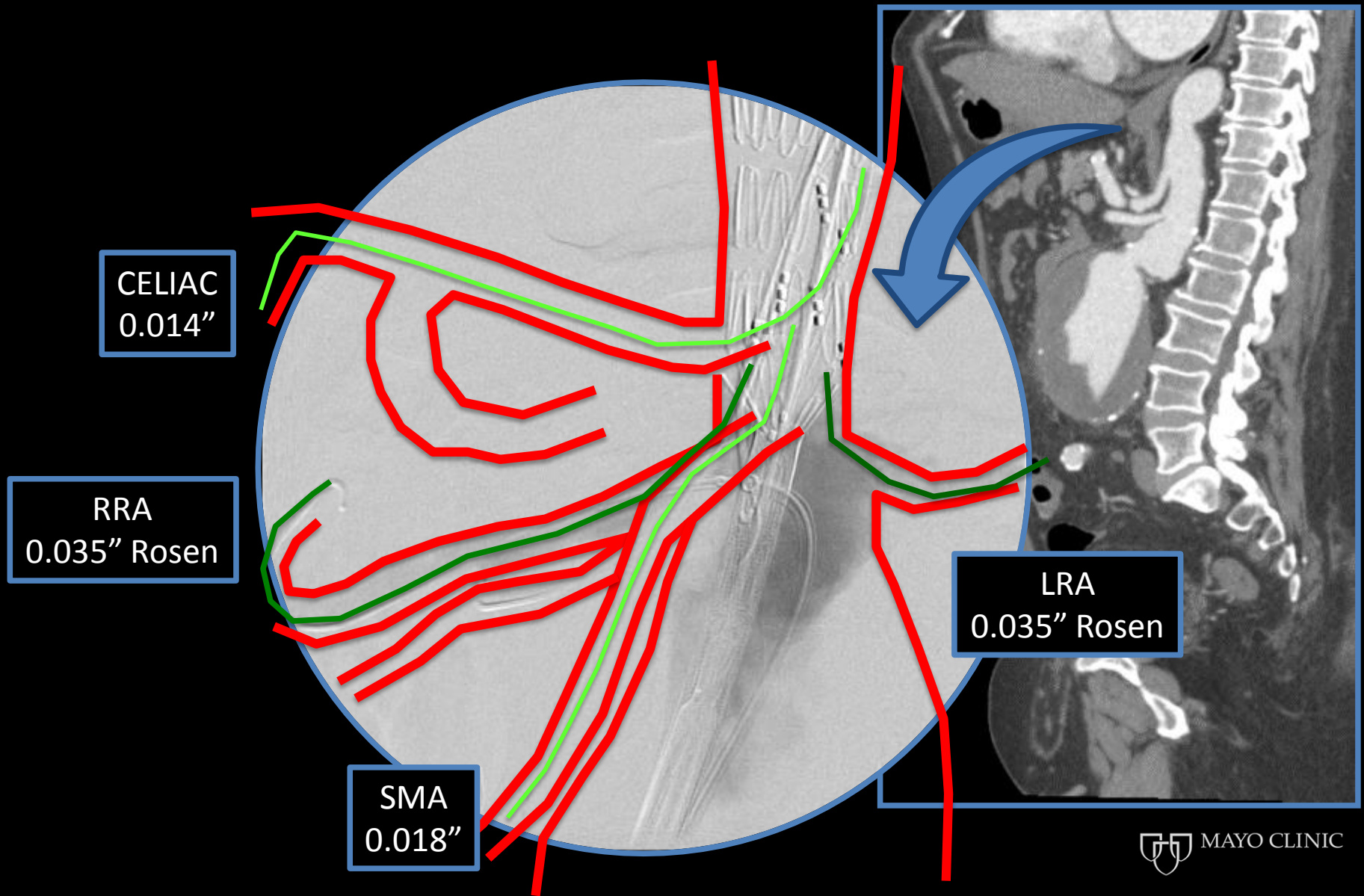


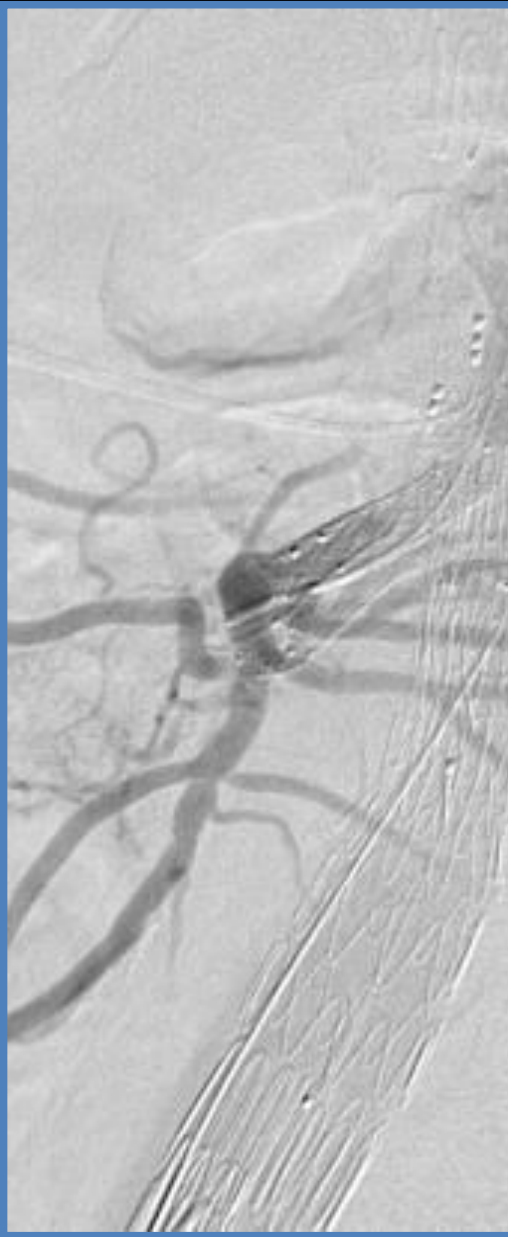
HIGH-DEFINITION CONE BEAM CT

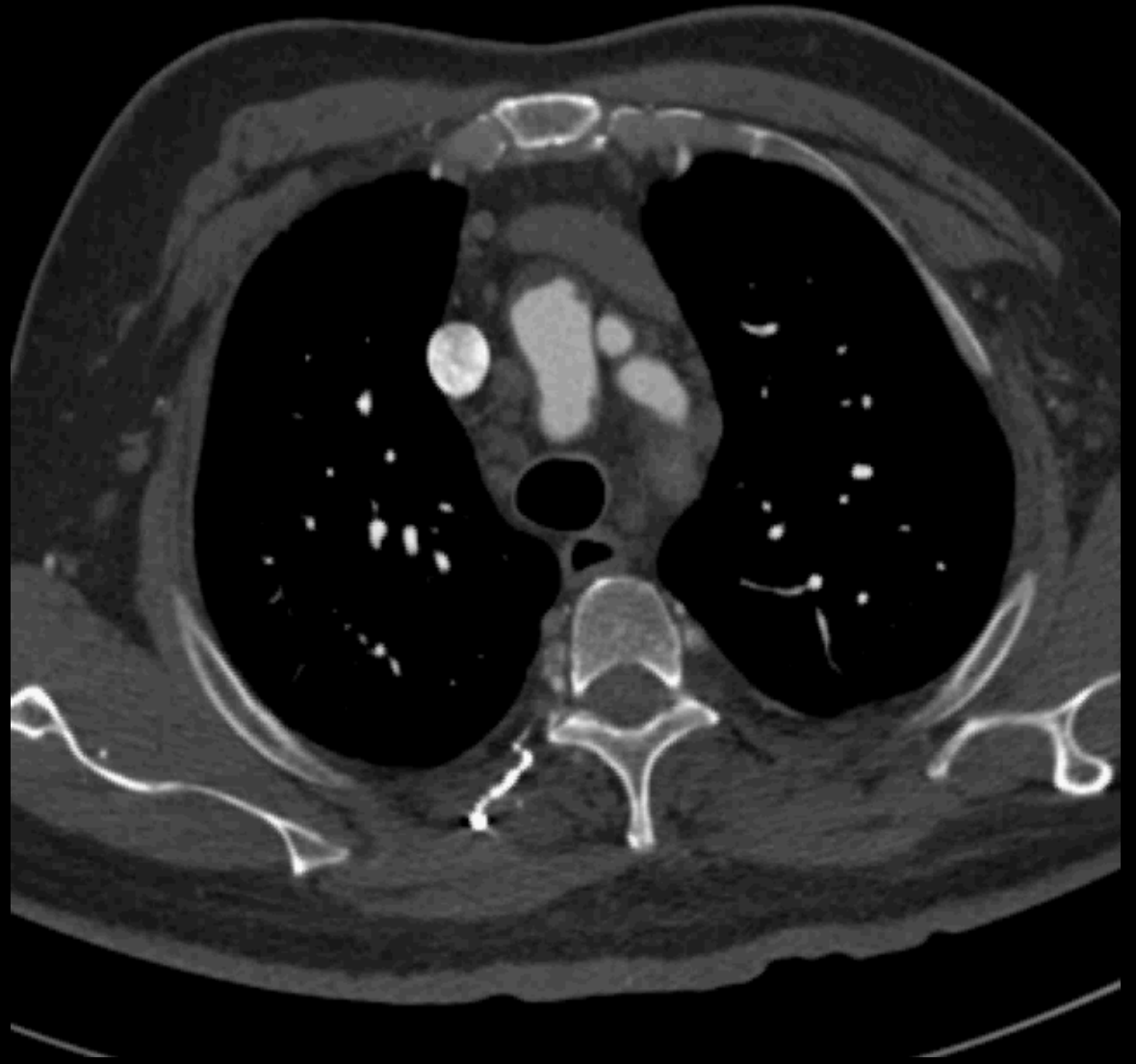


* GE Discovery 740 (7 sec Spin)

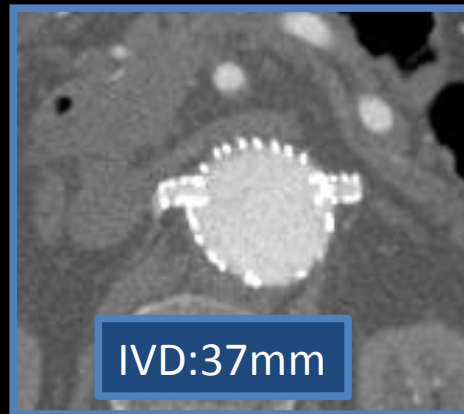
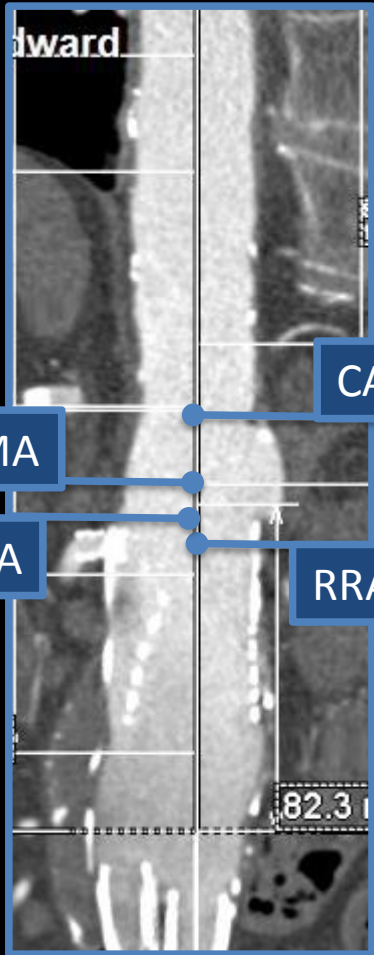
STAGGERED DEPLOYMENT

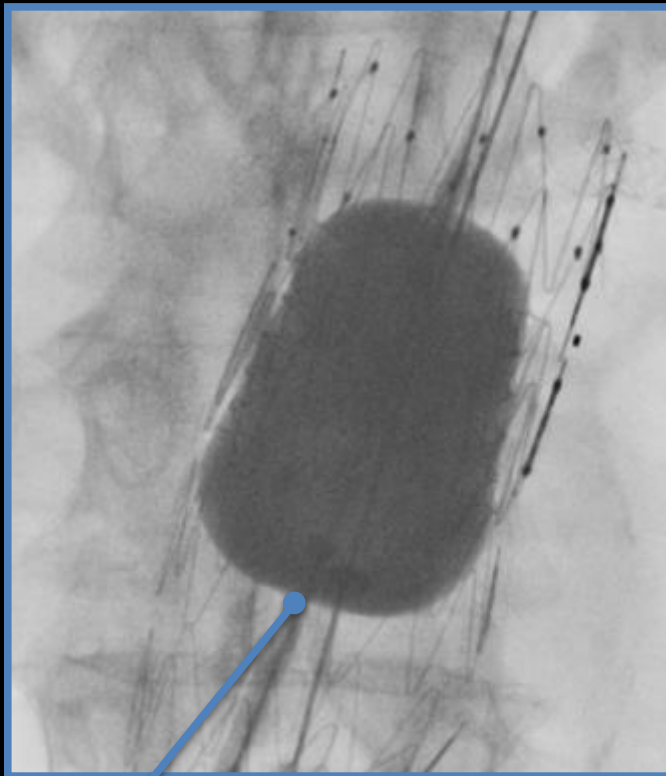




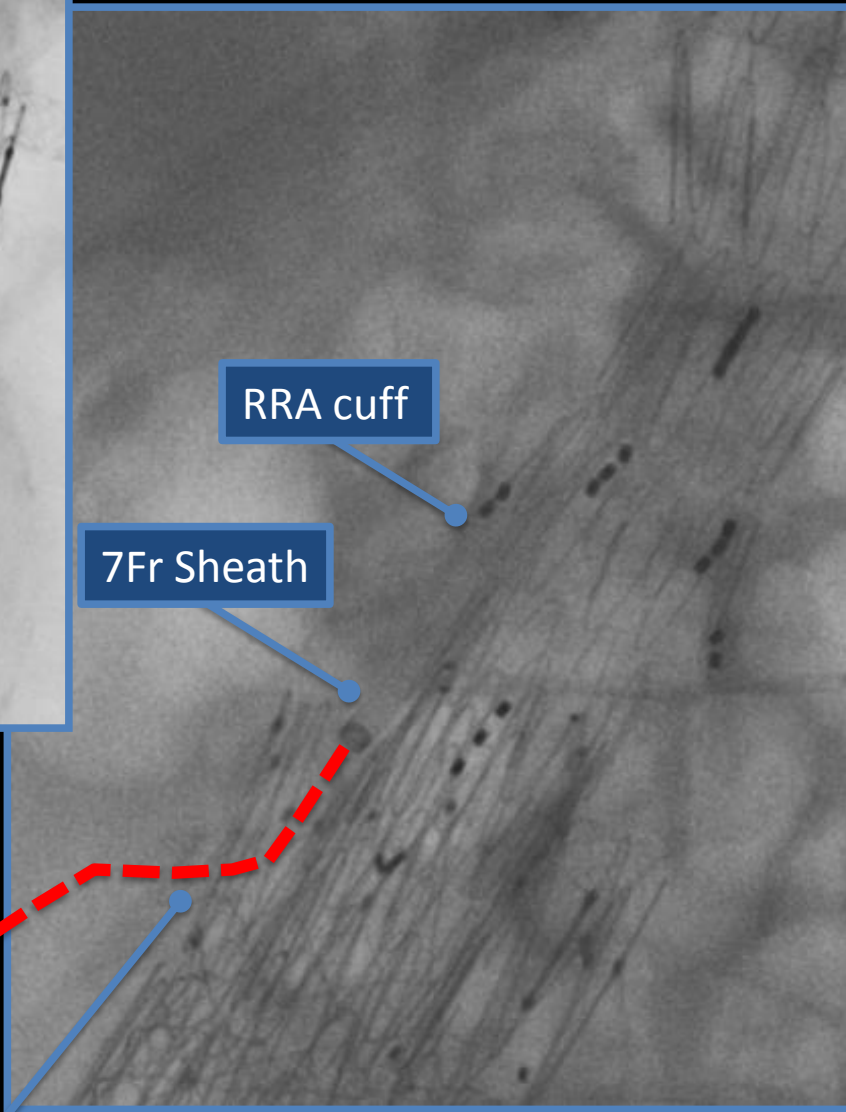


84 y/o men with rapidly enlarging 6.4-cm TAAA and new type Ia endoleak





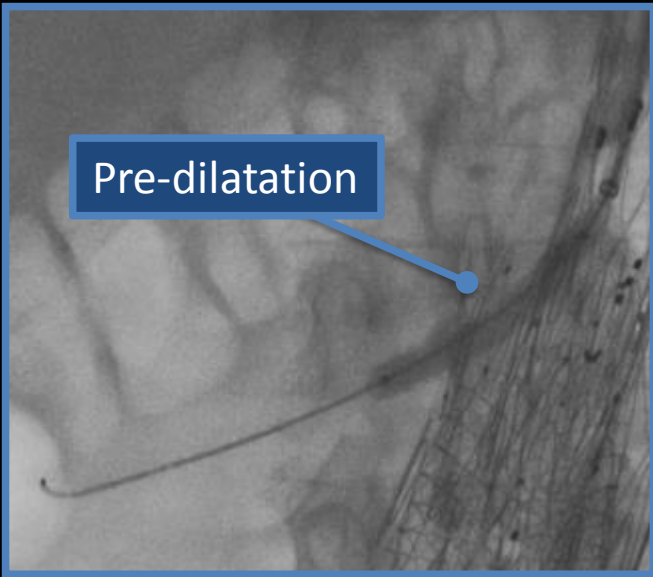
Palmaz Stent



RRA cuff

7Fr Sheath

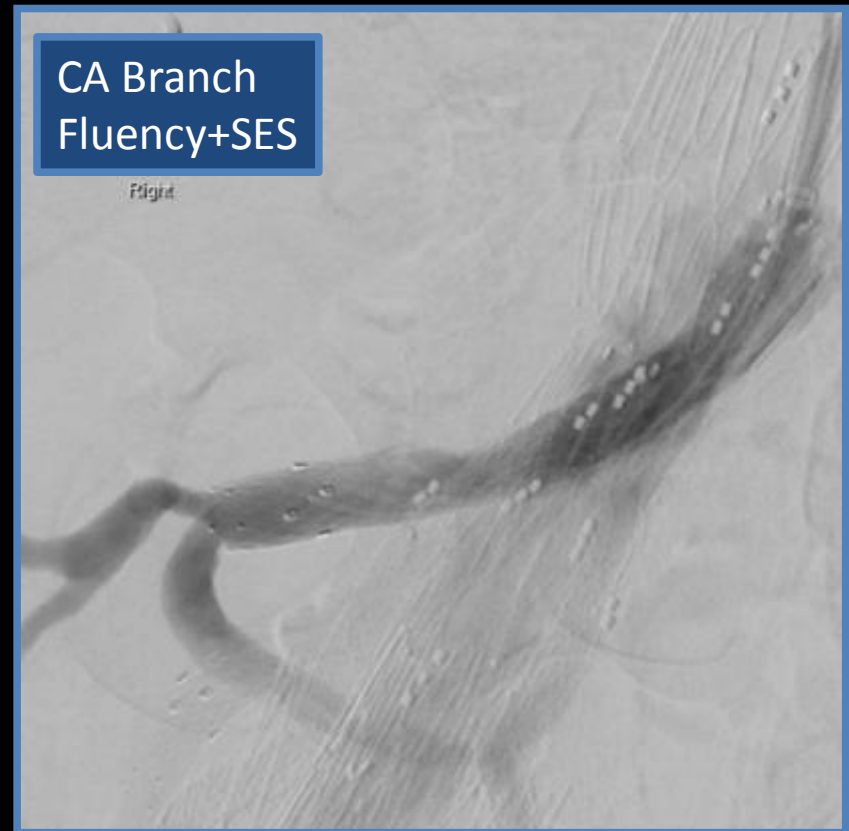
RRA Stent

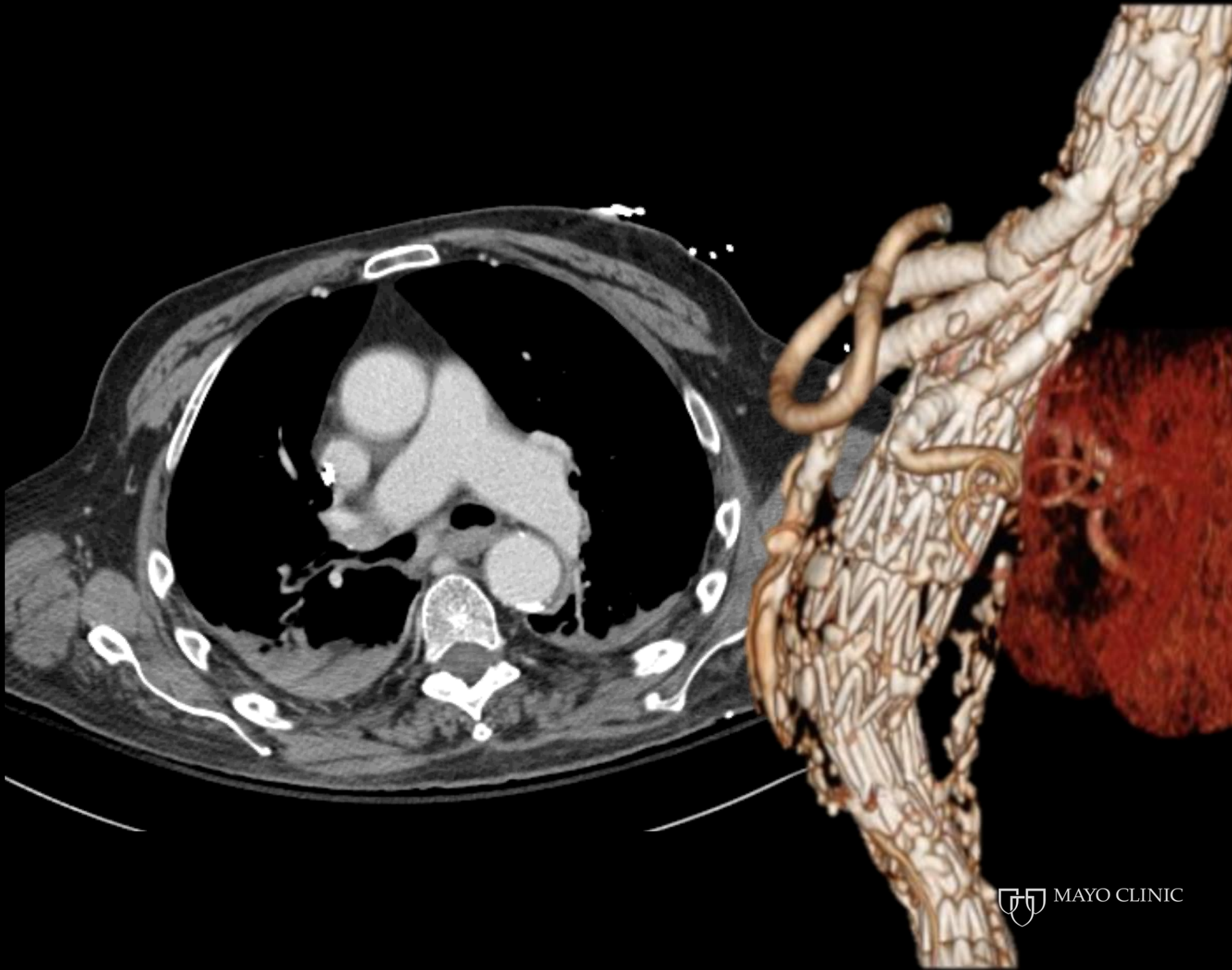


SMA Branch
Fluency+SES



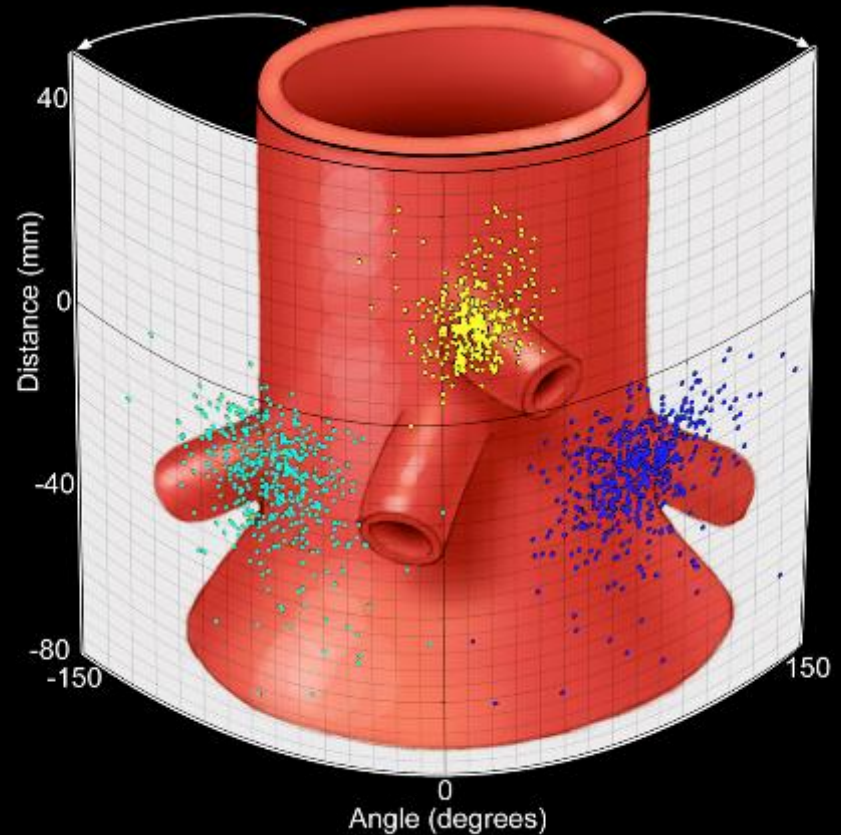
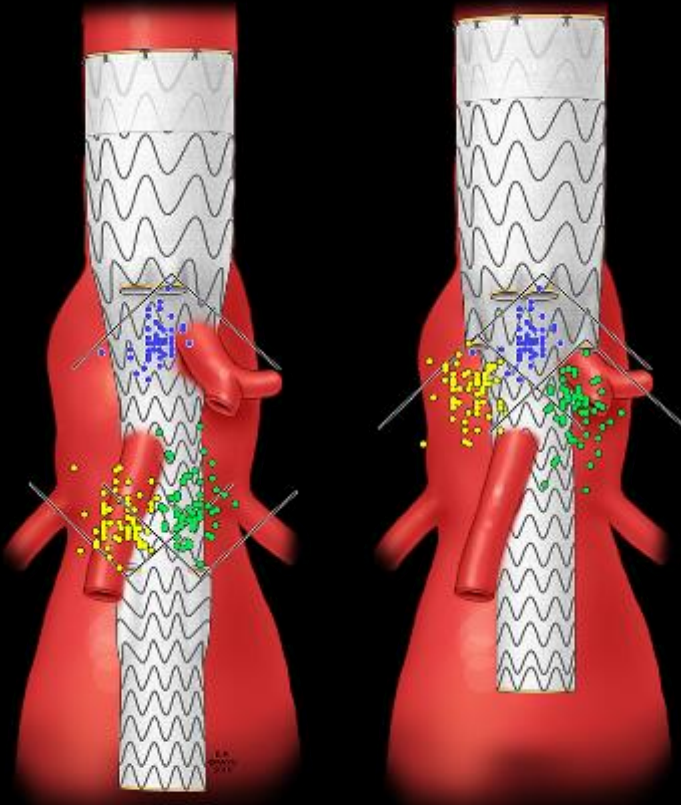
CA Branch
Fluency+SES





TAMBE OTS BRANCH SUITABILITY

Analysis of 520 patients



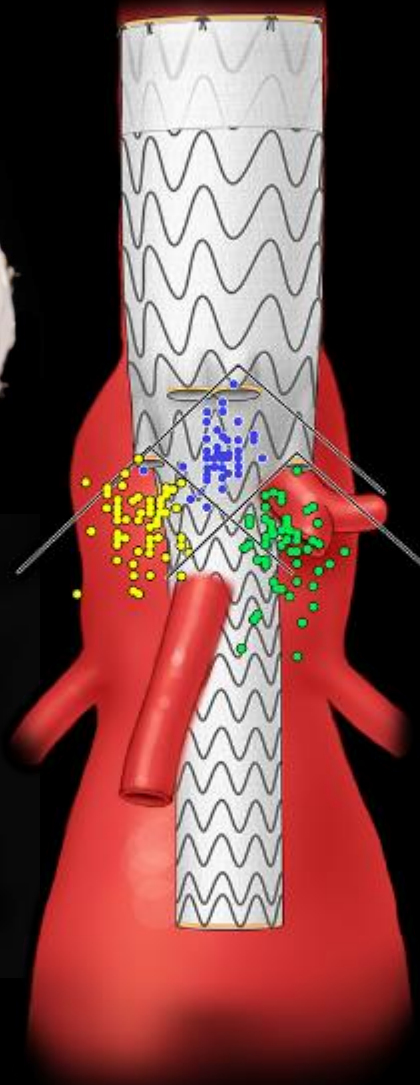
GORE TAMBE® DESIGN

31-37mm



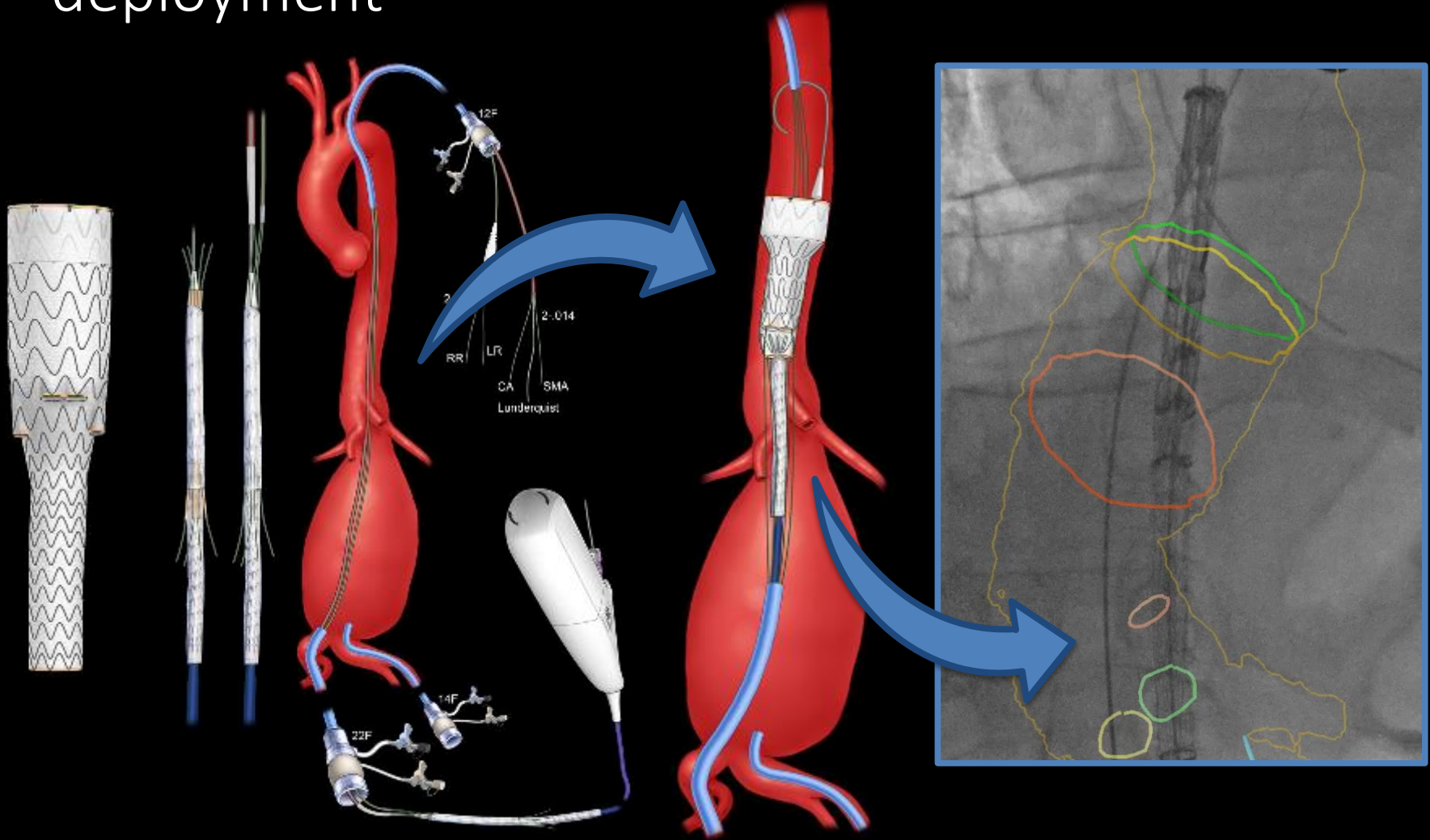
20mm

170mm

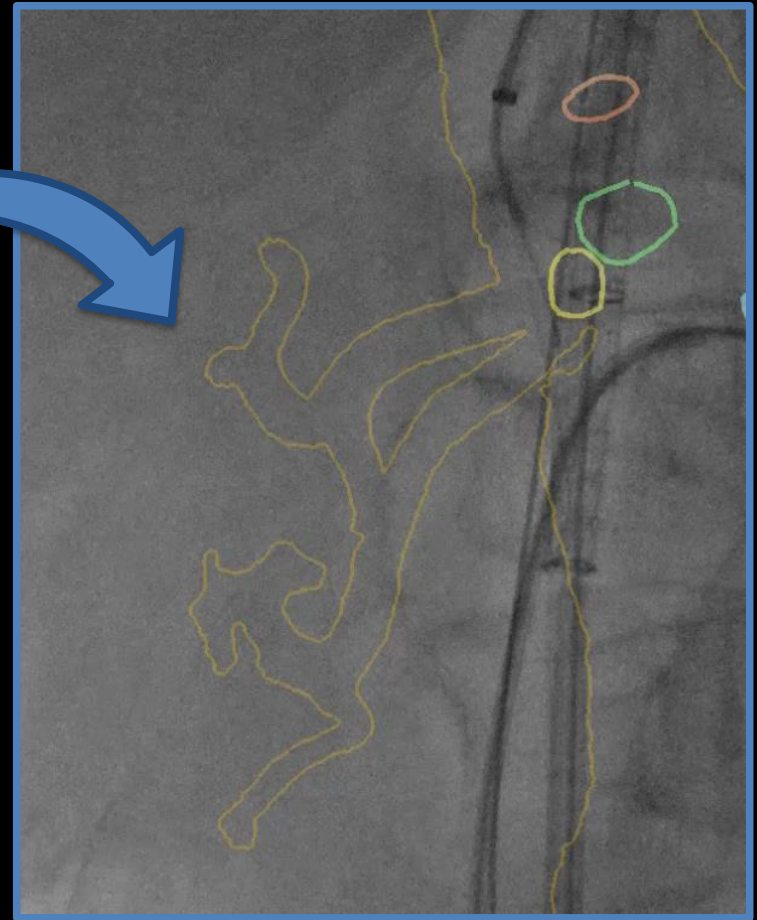
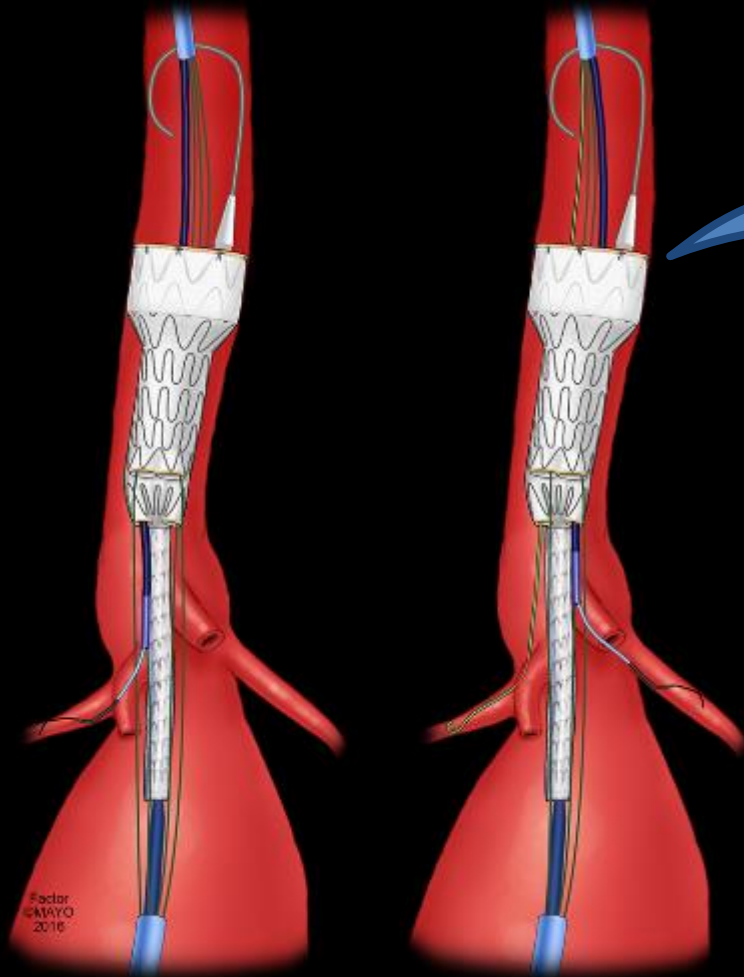


- Off-the-shelf
- 4 branches
- Pre-loaded wires
- VBX® stent

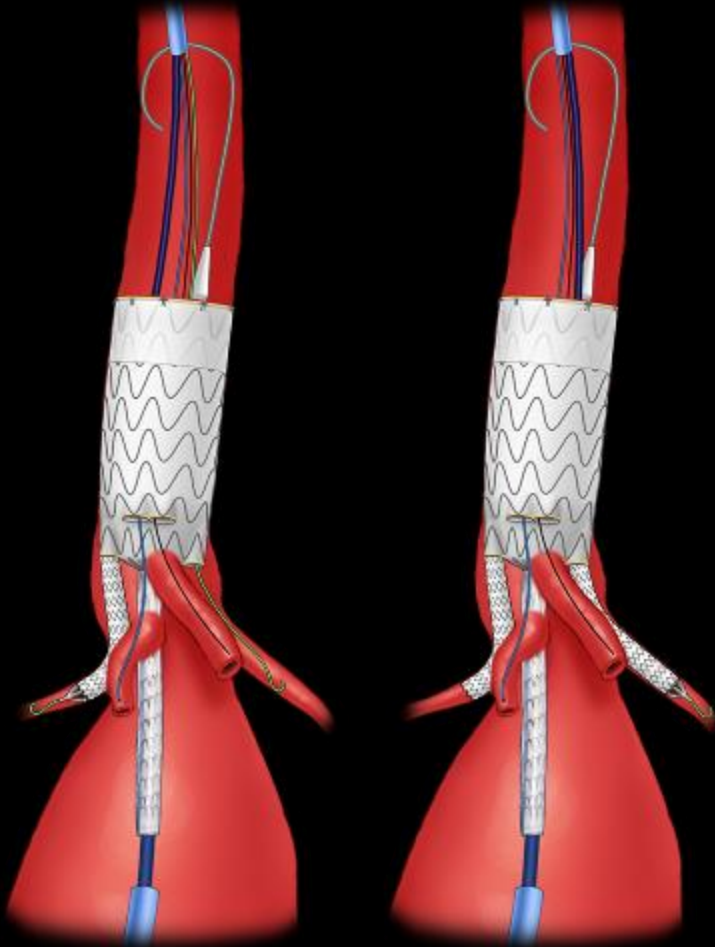
Pre-loaded wires & controlled proximal deployment

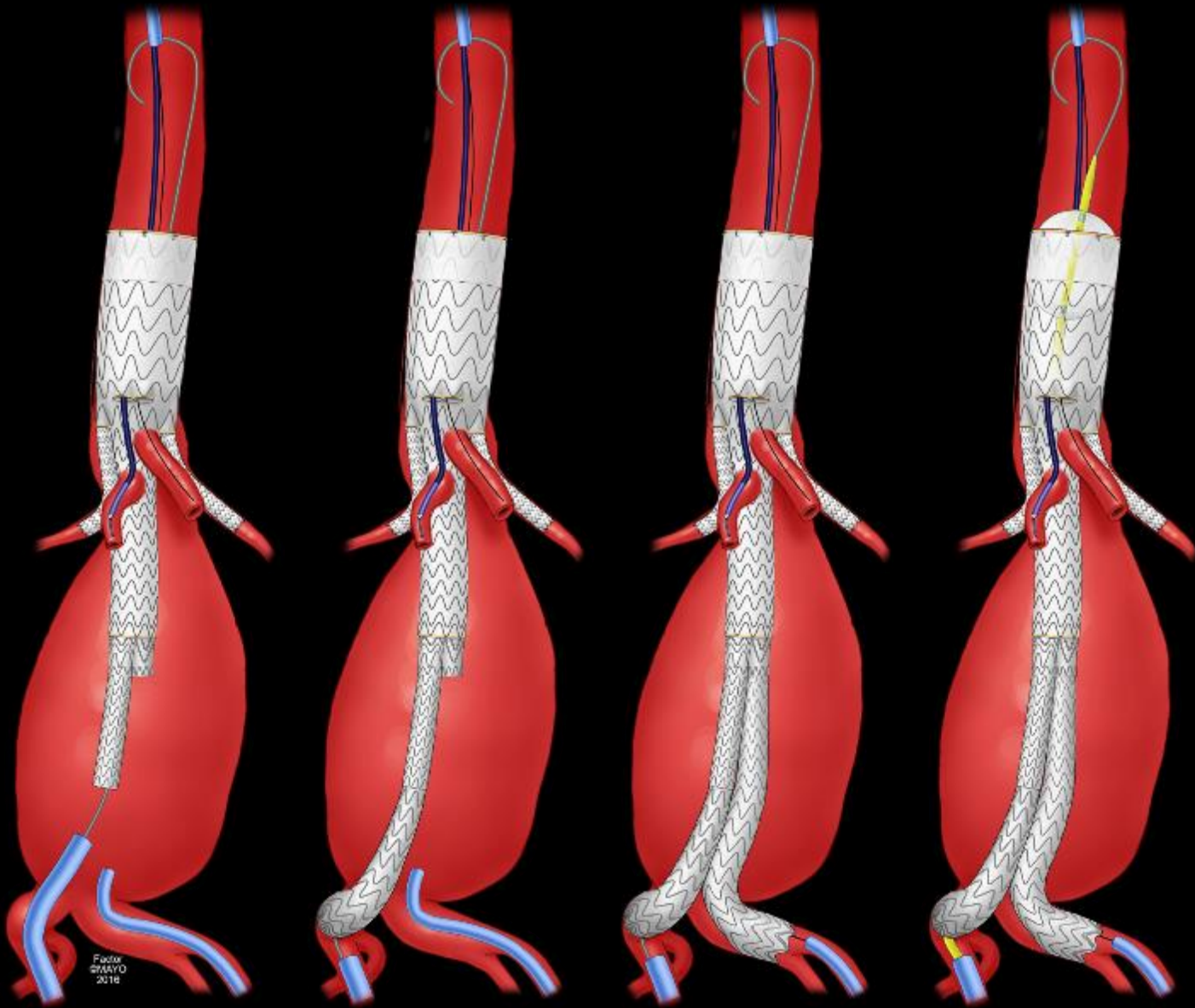


Sequential vessel catheterization using pre-loaded wires



Sequential VBX stenting



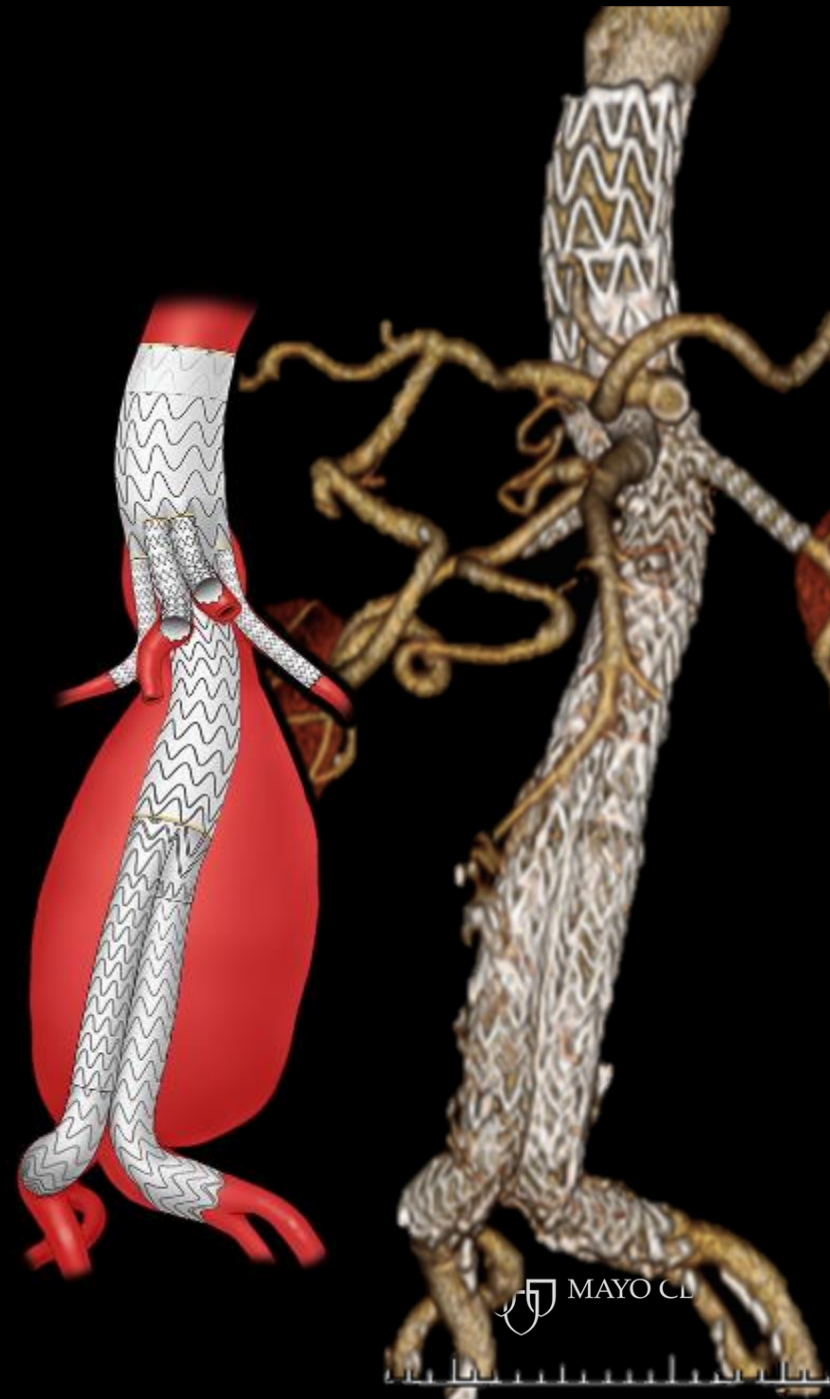


Factor
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2018

TAMBE® ANTEGRADE

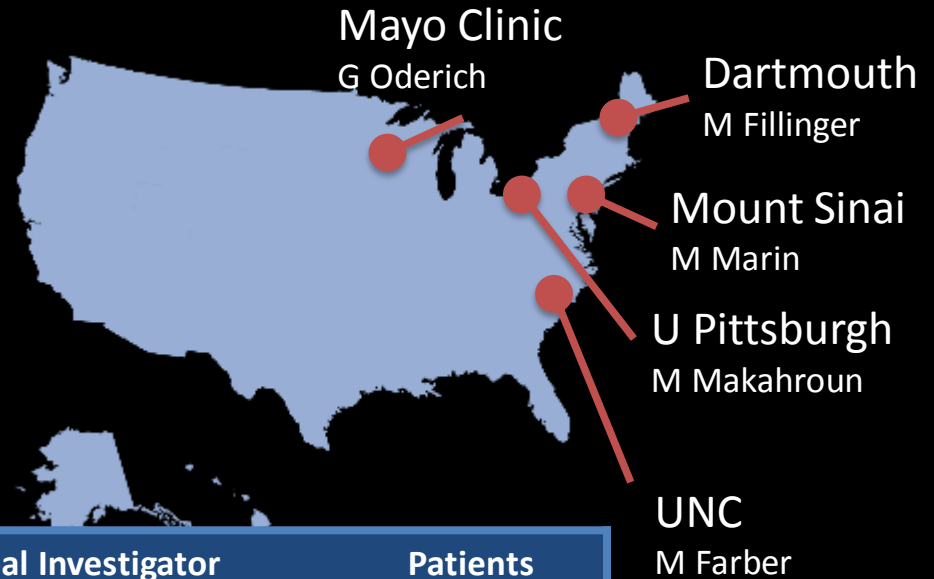
First In-Man Implant Team

March 8th, 2016



TAMBE EARLY FEASIBILITY TRIAL

- 13 patients enrolled
- 5 US and 1 non-US center



Site	Principal Investigator	Patients
Mayo Clinic	Gustavo Oderich MD	5
UNC	Mark Farber MD	3
U Florianopolis	Pierre Silveira MD	3
U Pittsburgh	Michel Makaroun MD	1
Mount Sinai	Michael Marin	1
Dartmouth	Mark Fillinger MD	0

EARLY RESULTS

- No 30-day or in-hospital mortality
- 51/52 target vessels stented (98%)
- 1 early Type Ic endoleak (Renal stent seal)
- No stroke, spinal cord injury or dialysis

- 3-month follow up completed in all patients
- No Type I or III endoleaks
- No target vessel occlusions
- 2 of 25 renal arteries required redo stenting for restenosis

CONCLUSIONS

- OTS TAAA devices offer the advantages of immediate availability, versatility and standardized design and approach
- Techniques are safe, effective, and have the potential to significantly reduce morbidity and mortality compared to conventional open surgical repair
- Branch vessel outcomes need to be compared to patient-specific designs
- Important considerations are learning curve, need for optimal imaging and familiarity with advanced endovascular techniques

MAYO CLINIC

150 
Years

SERVING HUMANITY