



23RD INTERNATIONAL EXPERTS SYMPOSIUM
CRITICAL ISSUES in aortic endografting 2019
LIVERPOOL UNITED KINGDOM **MAY 23-24**

Latest on the re-constrainable
platform of FEVAR

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Thanks to:

www.critical-issues-congress.com



Disclosure

Speaker name:

Robin Williams.....

- 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)
- I do not have any potential conflict of interest

Disclosure

- Terumo Aortic paid for my travel
- I am paid by Terumo Aortic for proctoring and consultancy
- I will be paid for the CIEG workshop (hopefully)

- Data collection and analysis was independent of Terumo Aortic

TERUMO AORTIC ANACONDA FEVAR

Inherent advantages

Re-constrainable

Unsupported fabric

- Almost unlimited positions for fenestrations
- Less affected by shelves and narrow lumen
- Flexible, capable of conforming to angulation

Free access to proximal end during deployment

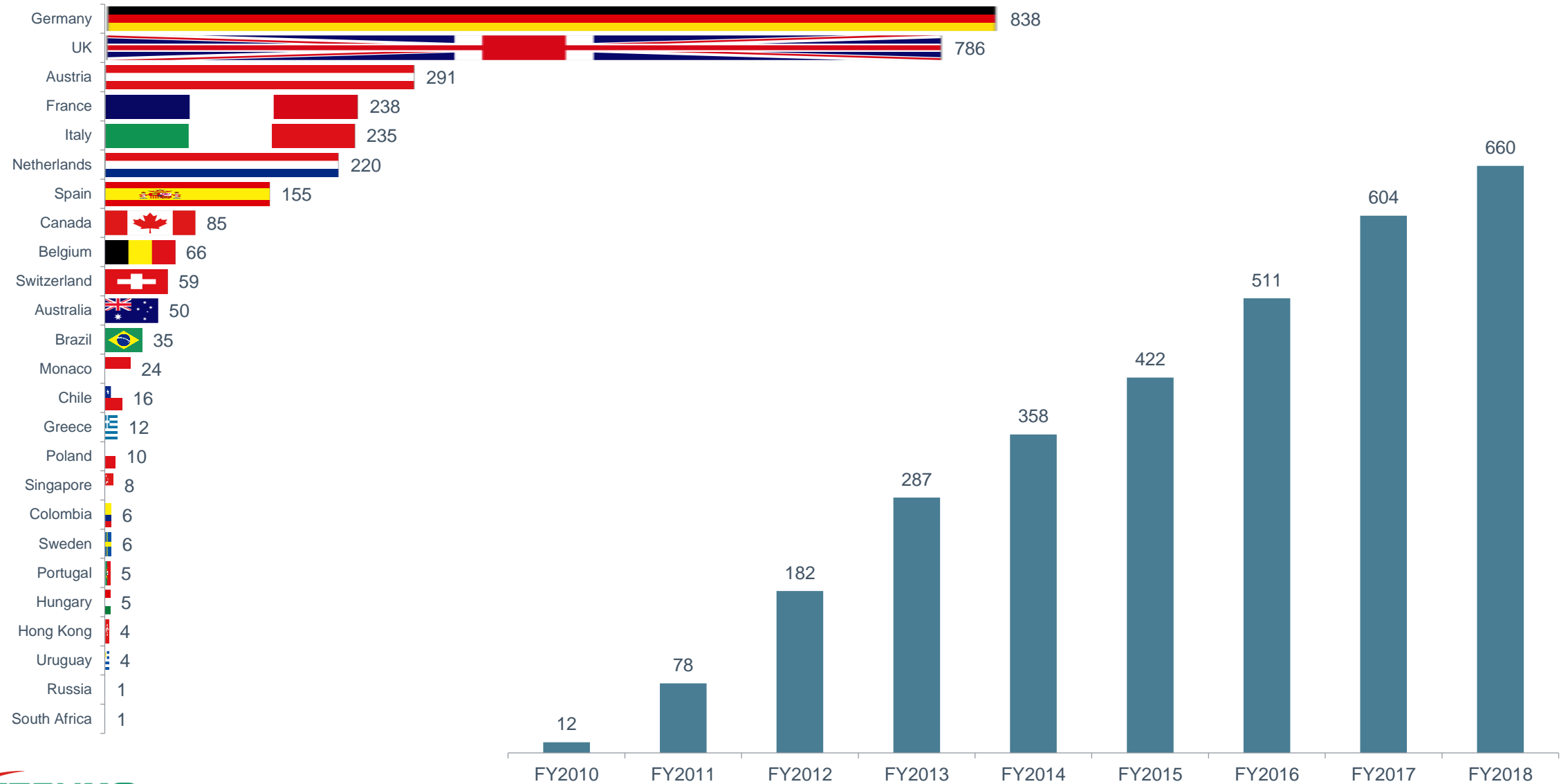
(without prior planning)

Sequential stenting of fenestrations

Migration resistance



Total Implanted Devices (3160)



Design evolution -

Fabric management



Device Customisations



Pleating

- Reduces fabric in region of aortic narrowing



Additional Fenestration Support

- Helps to alleviate excess fabric overlapping with fenestrations



Tapered Graft

- Reduces the fabric diameter in cases of more extreme narrowing



Flared Graft

- Increases the fabric diameter in cases of more extreme widening

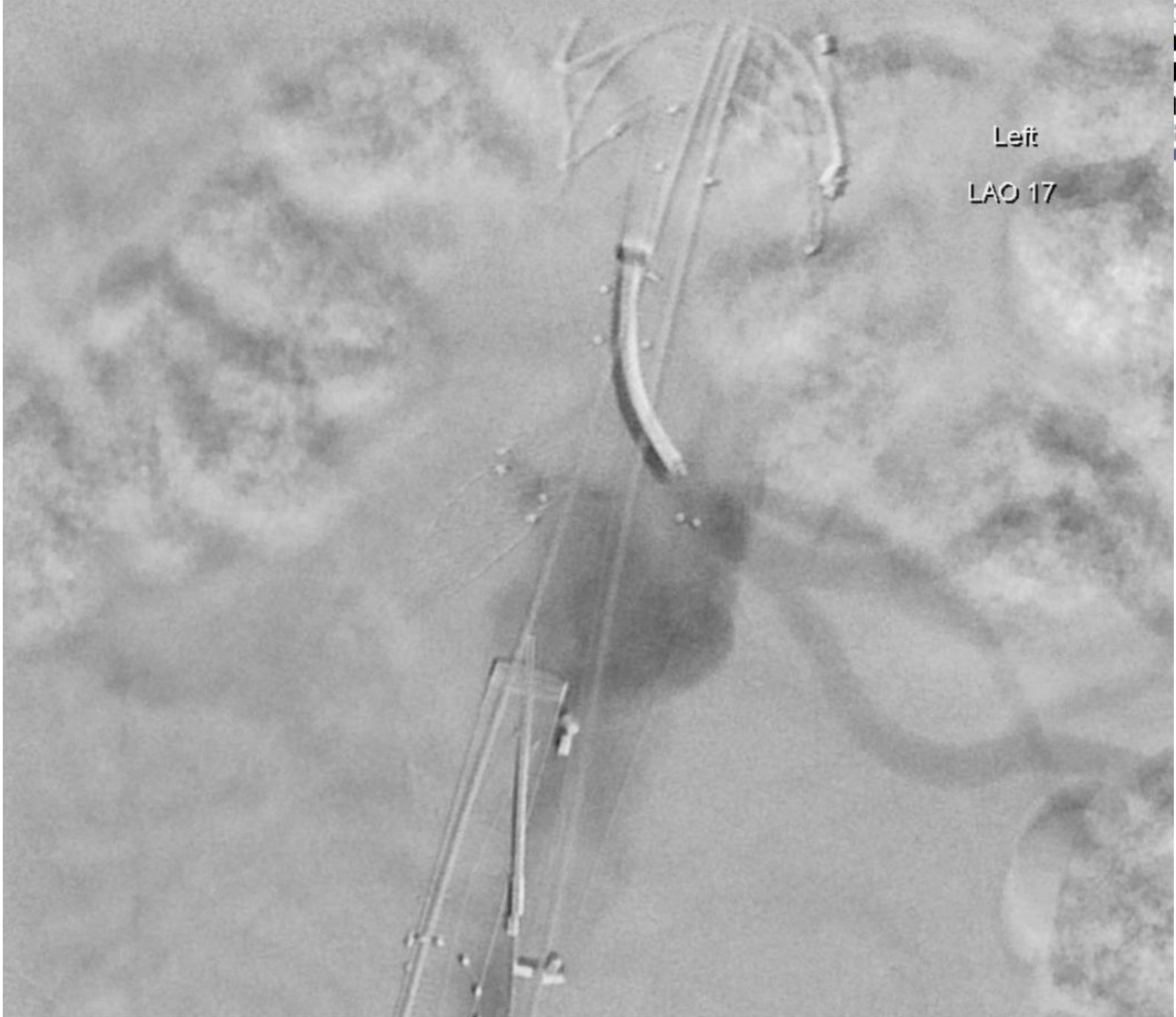


Extra-long Body

- 90-100mm long. Required joining ring to attach two pieces of fabric together and the contralateral flare is removed.

Fabric management





Left

LAO 17

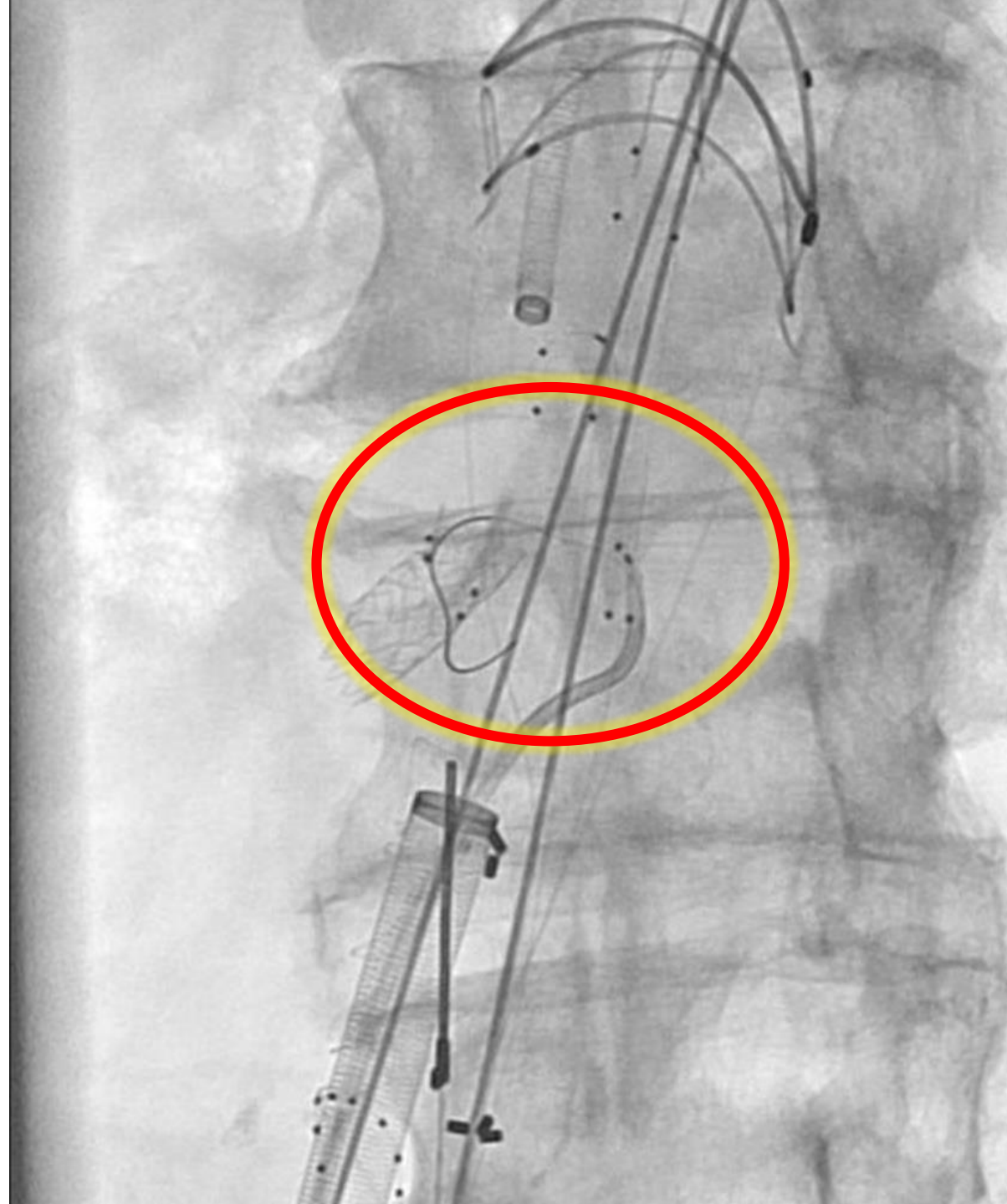


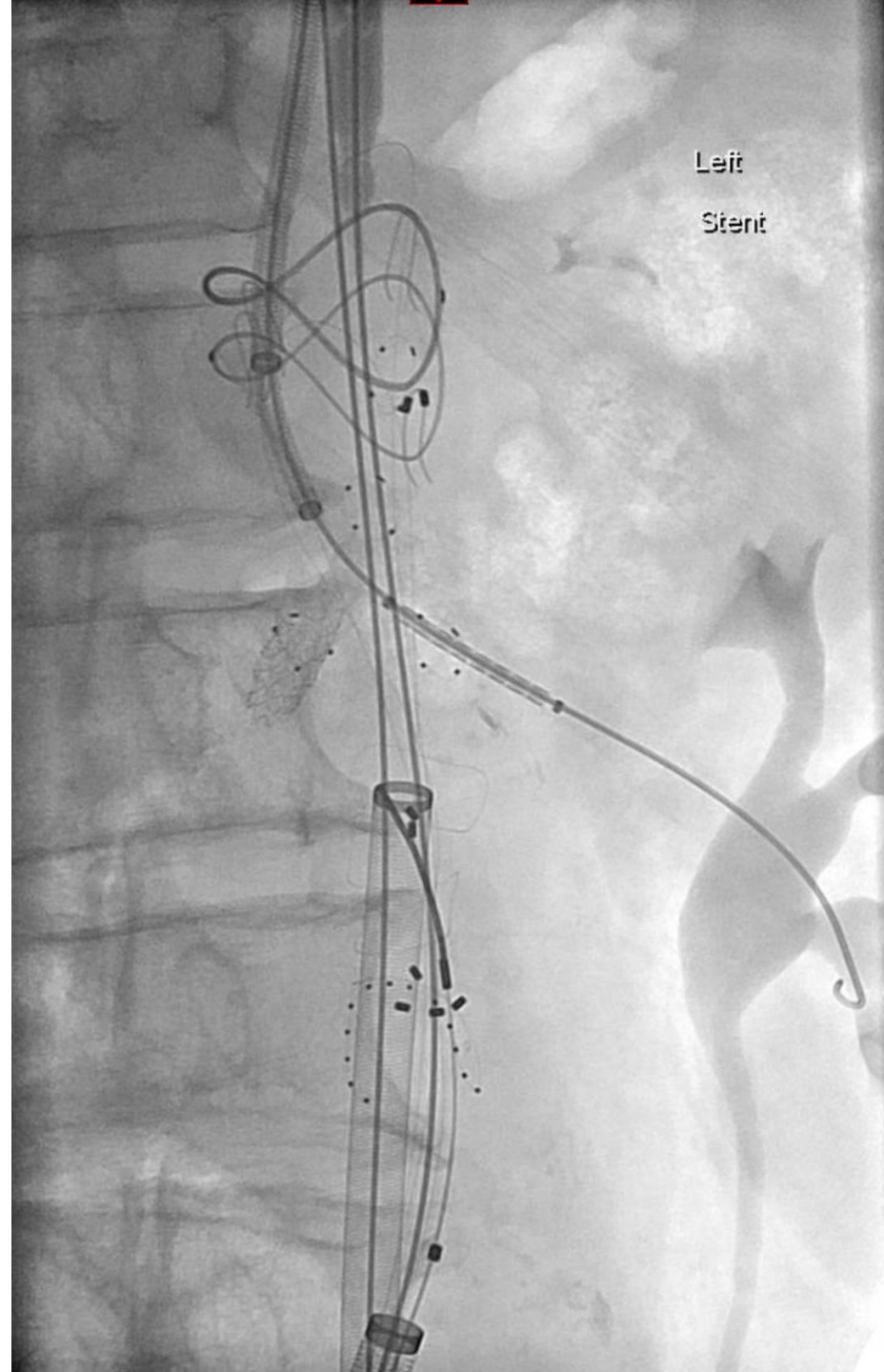
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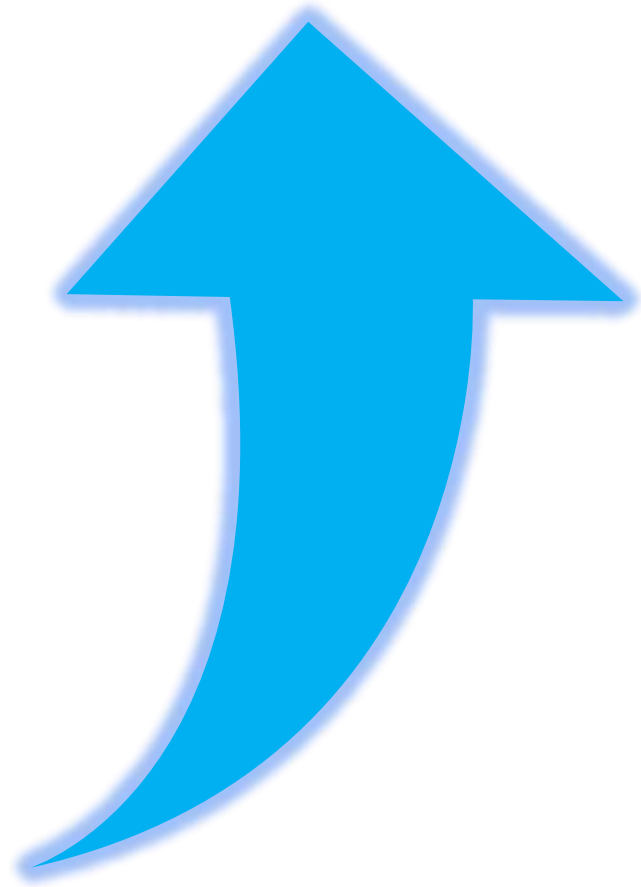
Left

Sterit

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Extending upwards



TEVAR combinations

Concept

- A solution to provide a secure proximal landing zone for a custom Fenestrated Anaconda™ stent graft where there is:
- Thoracoabdominal aneurysmal disease
- Unhealthy aorta above CA
- Dilated vessel above CA >32.5mm

Design

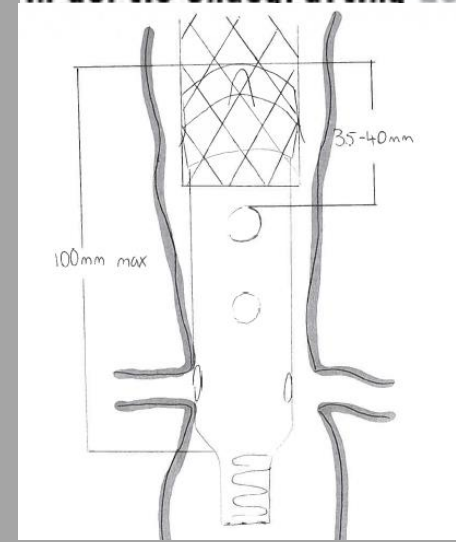
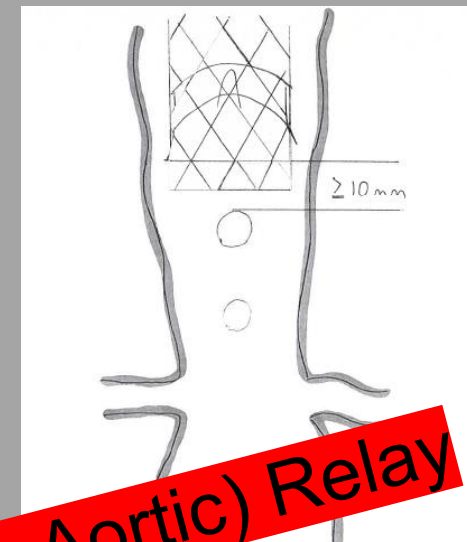
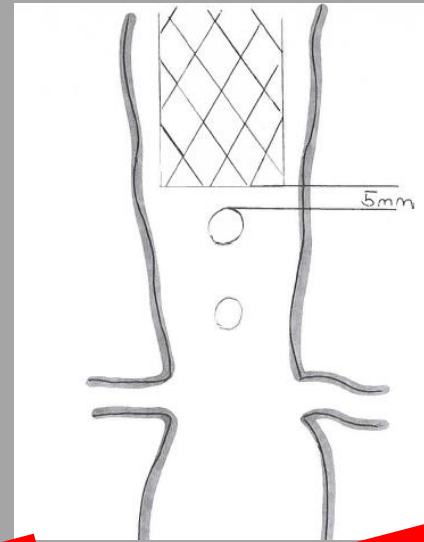
- Proximal fixation hooks required
- Bifurcated, cuff or AUI body design available
- Proximal Anaconda typically based on OLB34 ring stents to seal in 28mm or 30mm TEVAR device



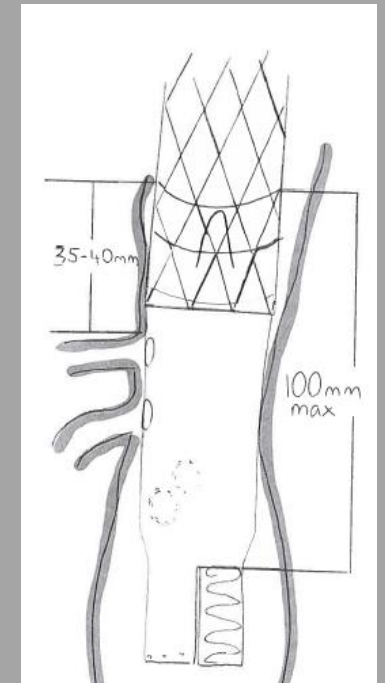
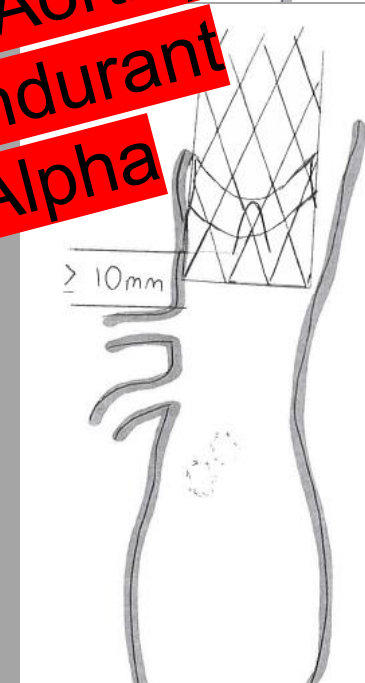
TEVAR combinations

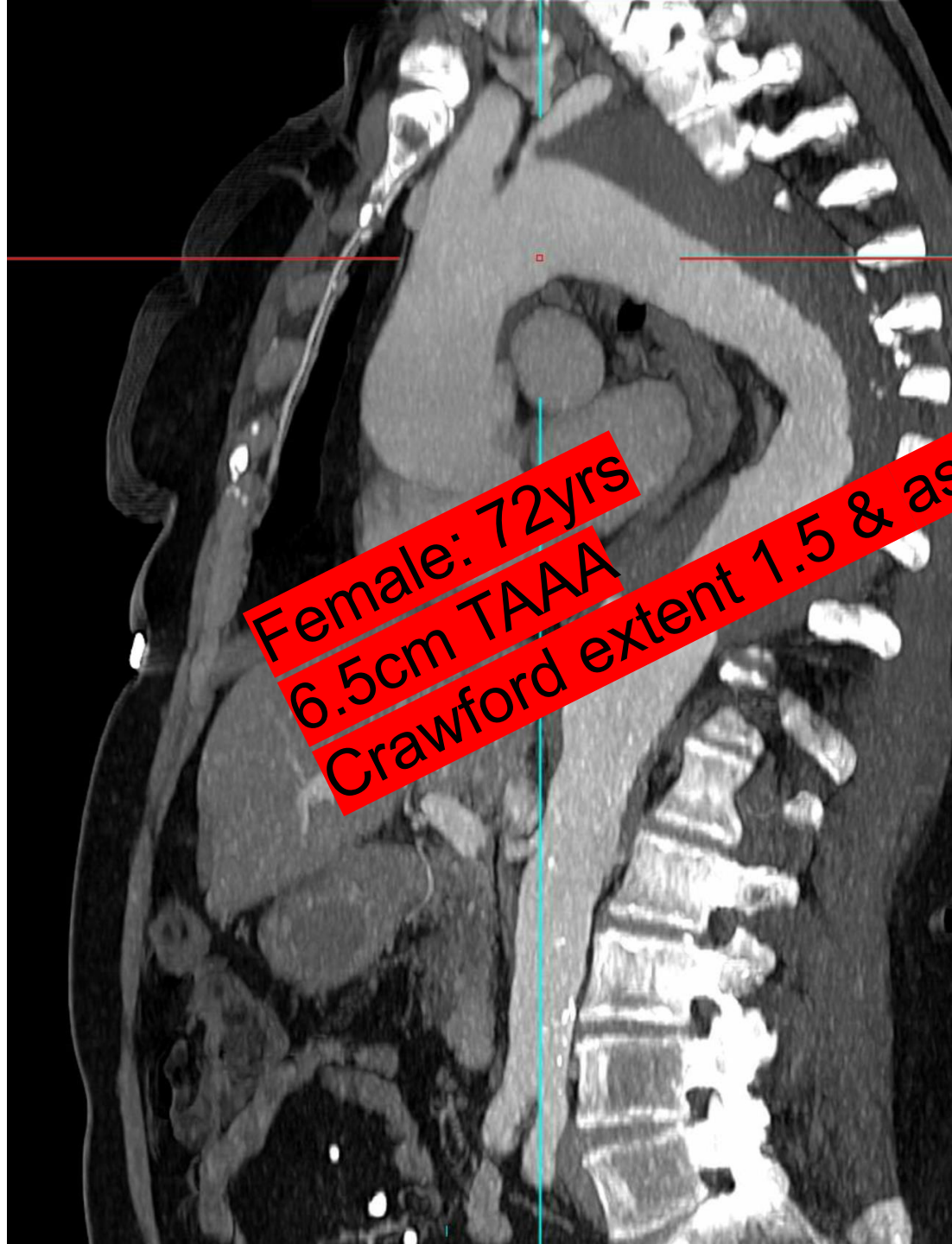
Case Planning

- TEVAR should be planned to land within 5mm of top of CA (or highest target vessel)
- Bottom of valley hook planned to be 10-15mm above top of CA to ensure sufficient overlap with TEVAR
 - Aim for min 15mm where possible
- Peaks of device will be positioned 35-40mm above top of CA
- Cook TX2/ Zenith/ Alpha



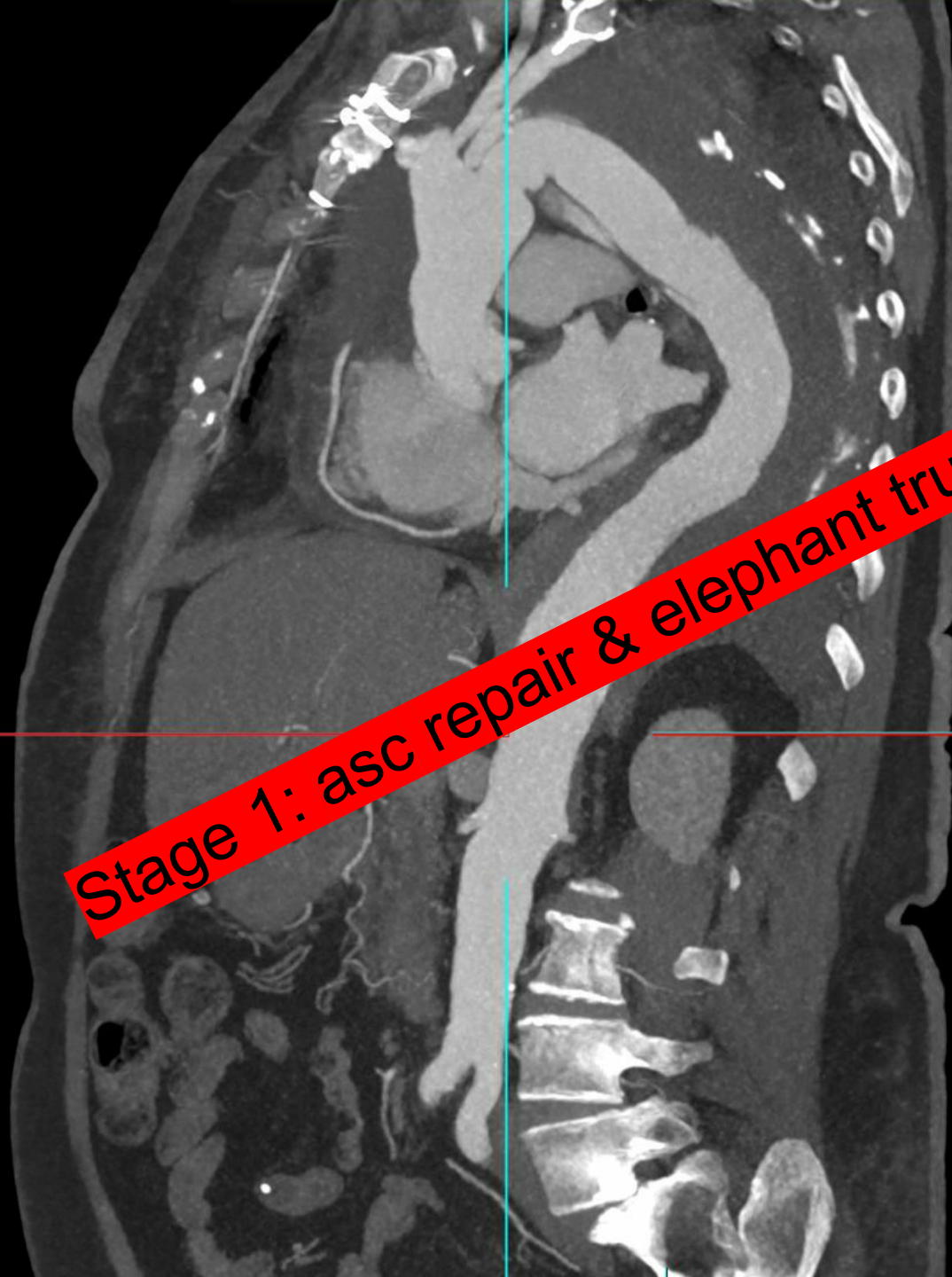
Compatibility:
Bolton (now Terumo Aortic) Relay
Medtronic Valiant/Endurant
Cook TX2/ Zenith/ Alpha



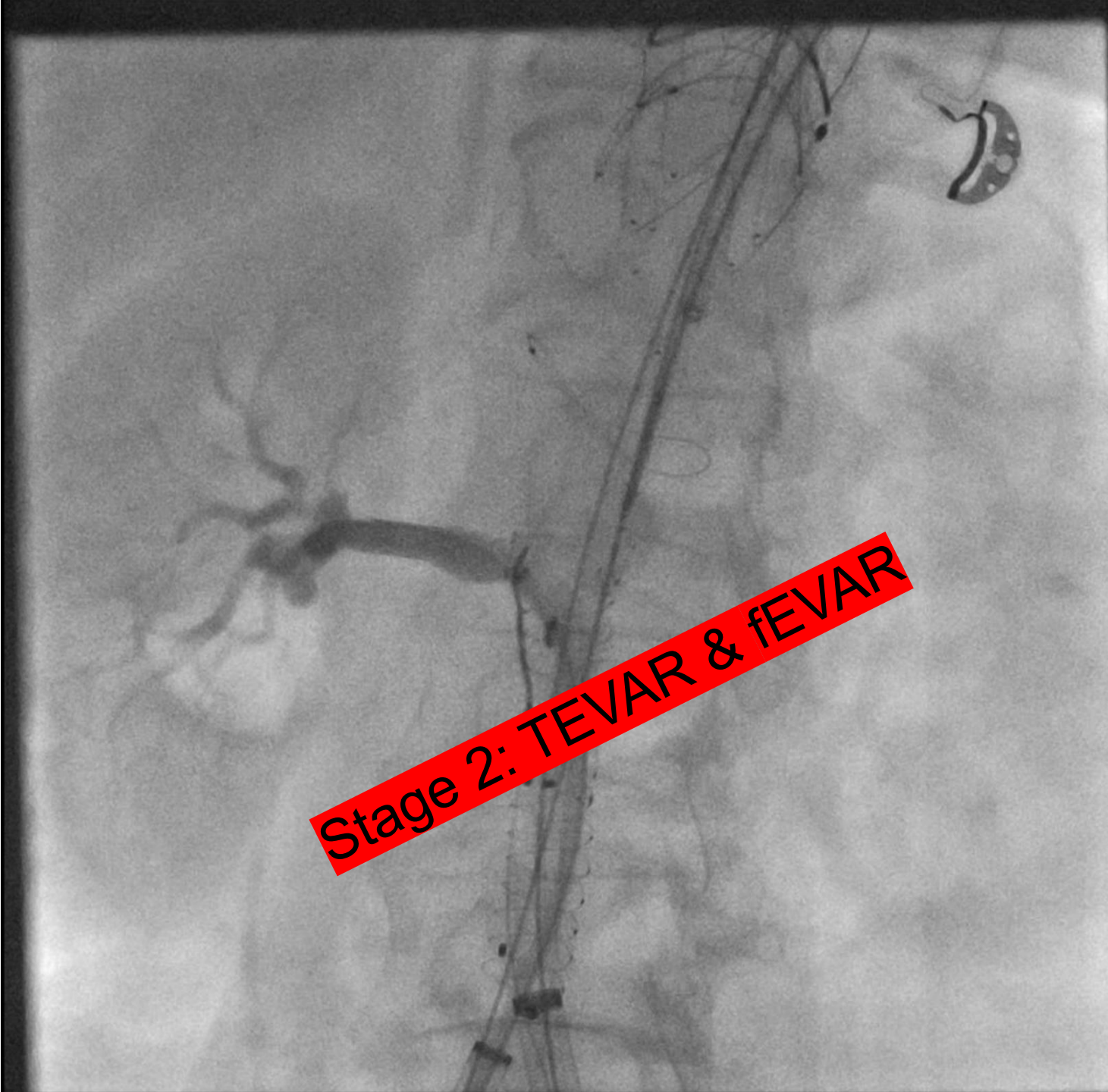


Female: 72yrs
6.5cm TAAA

Crawford extent 1.5 & asc TAA



Stage 1: asc repair & elephant trunk



Stage 2: TEVAR & fEVAR



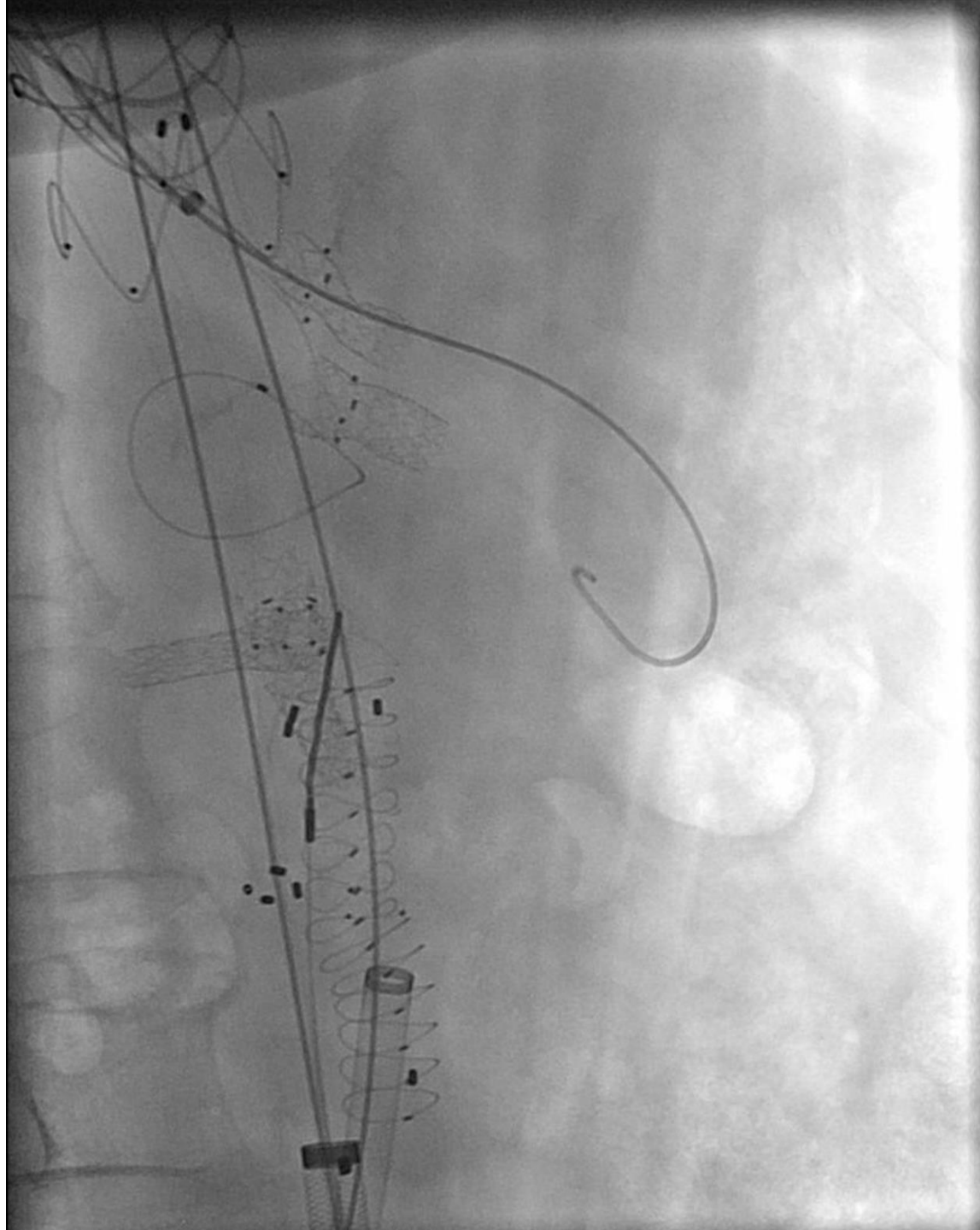
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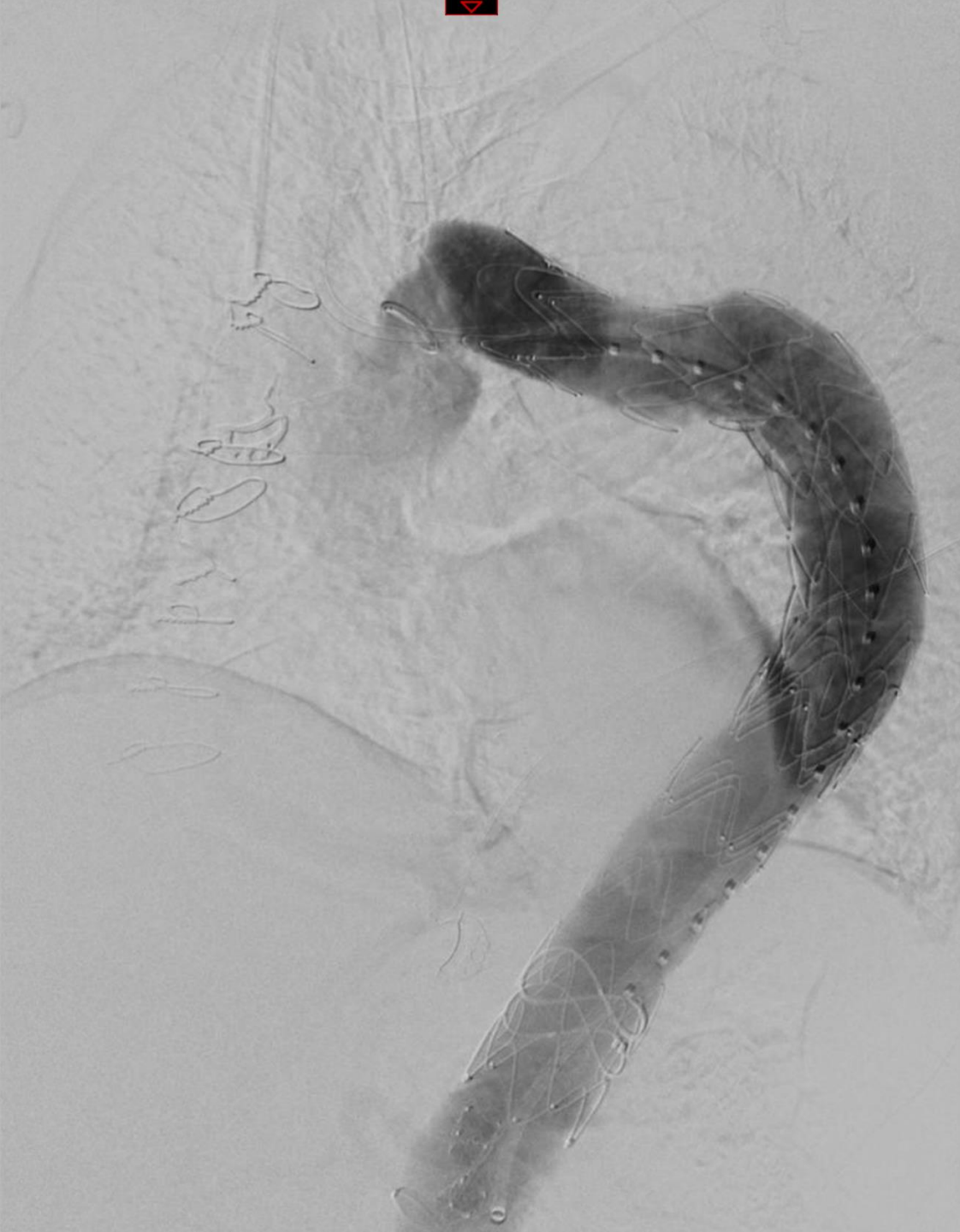
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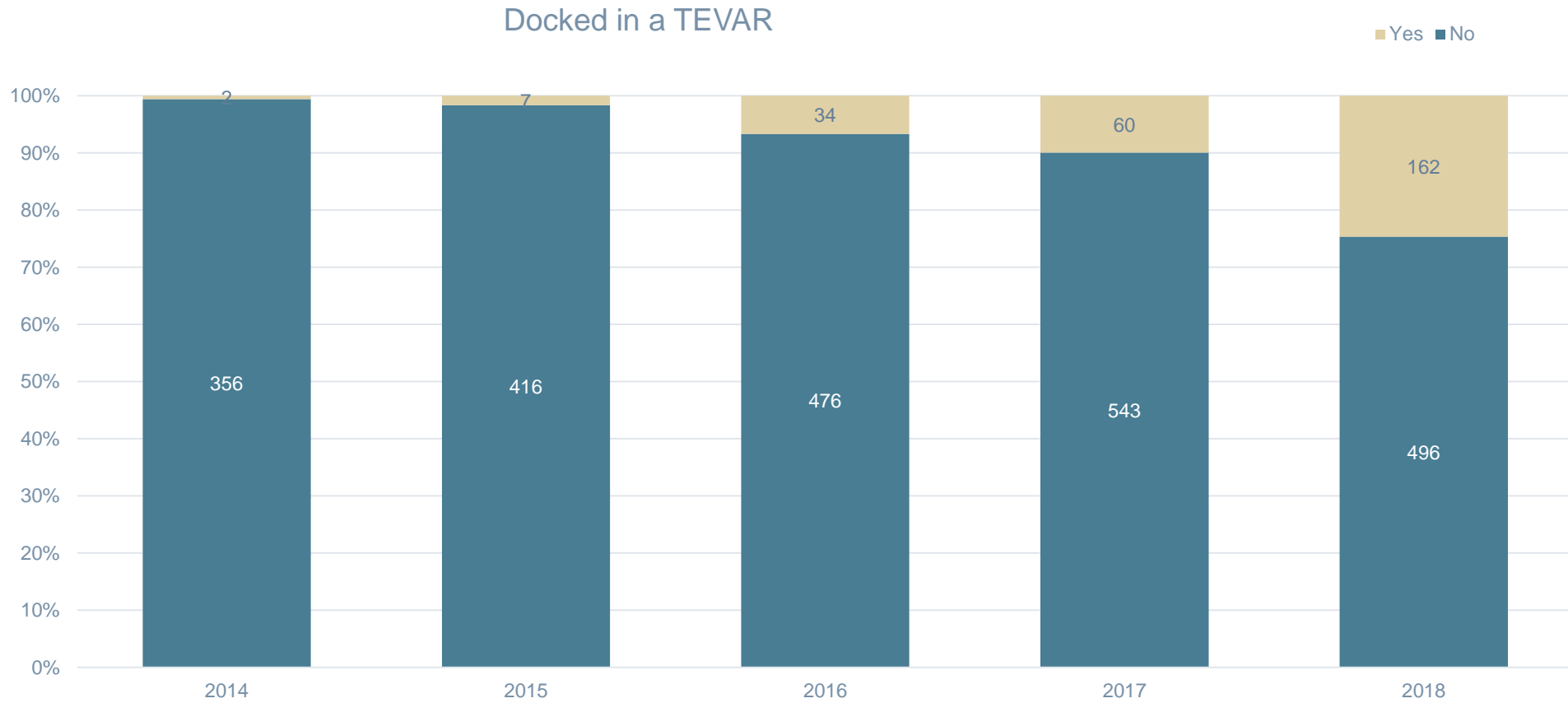






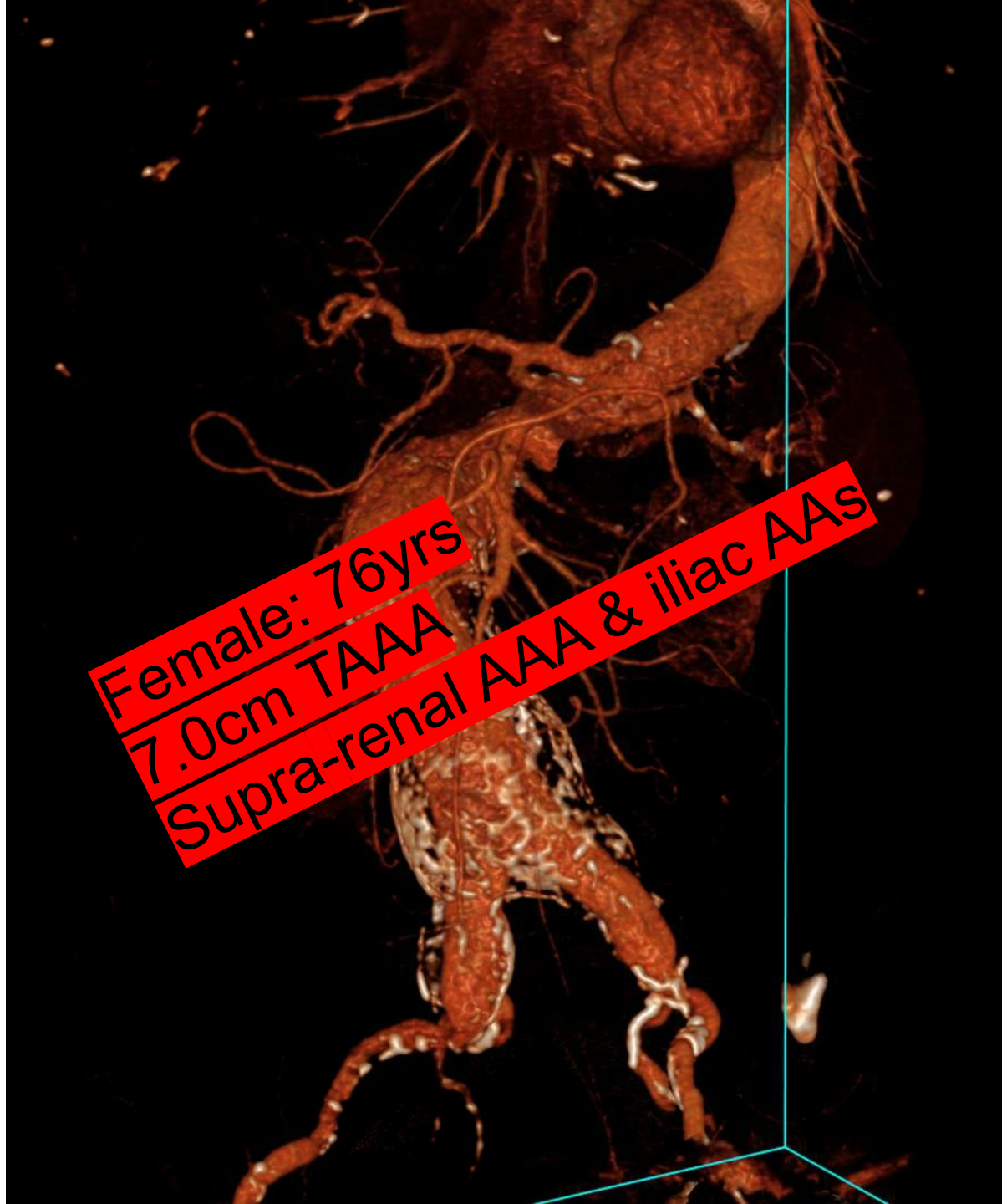
Stage 3: completion of iliac limb

Feature Trends (cases by financial year)



Extending downwards





Female: 76yrs

7.0cm TAAA

Supra-renal AAA & iliac AAs

Fenestrated Legs

Concept

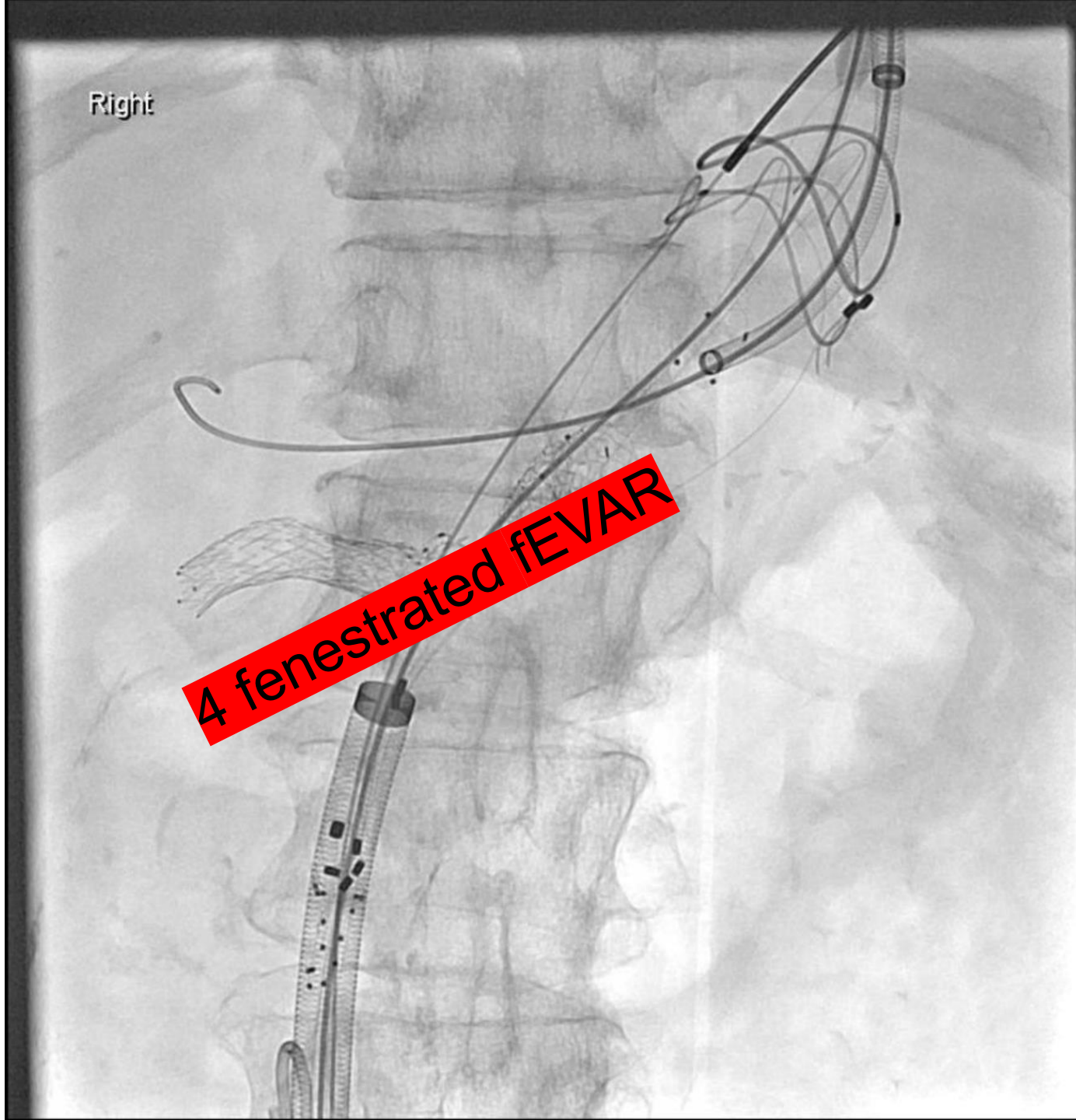
- A solution to allow internal iliac artery to be preserved where there is no distal sealing zone within the common iliac artery
- Suitable for use in narrow anatomy where IBD is not an option
- Available as straight, flared or tapered legs

Indications

- Common iliac artery disease
- Type 1b endoleak of previous EVAR
- Proximal internal iliac artery disease

- Used in conjunction with Anaconda™
- Existing EVAR/FEVAR
- Isolated iliac repair
- Previous open bifurcate graft



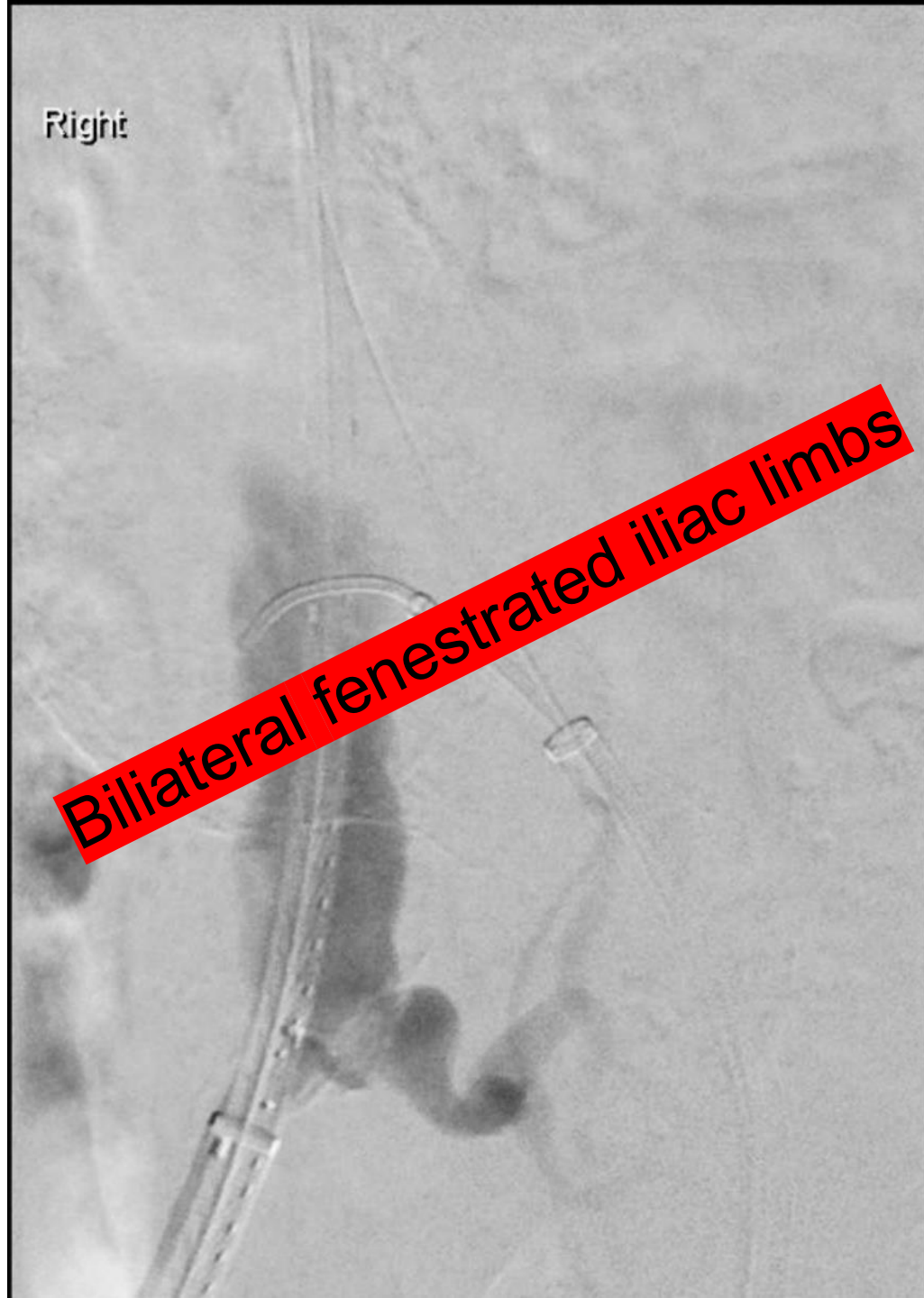


Right

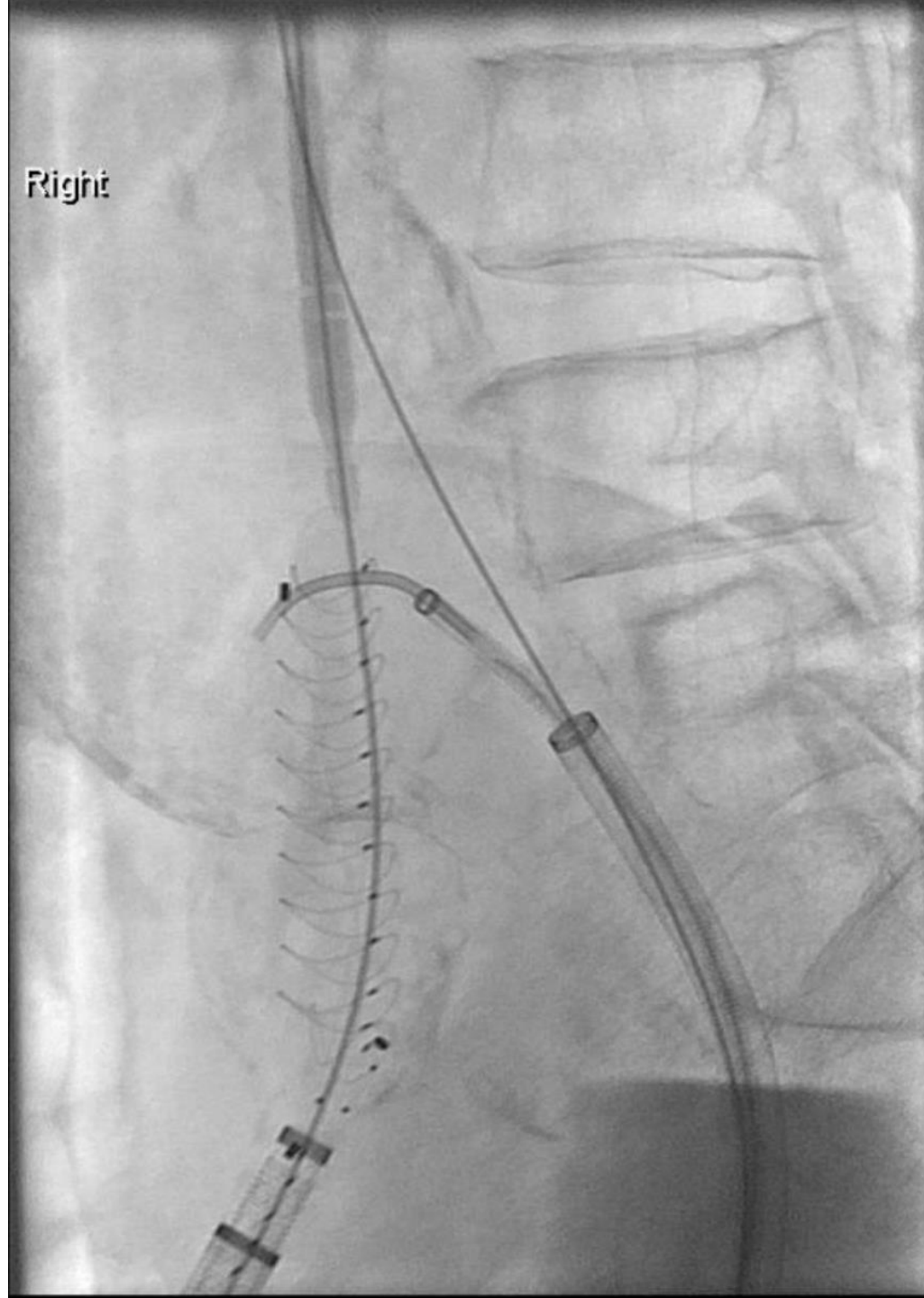
4 fenestrated fEVAR

Right

Bilateral fenestrated iliac limbs



Right



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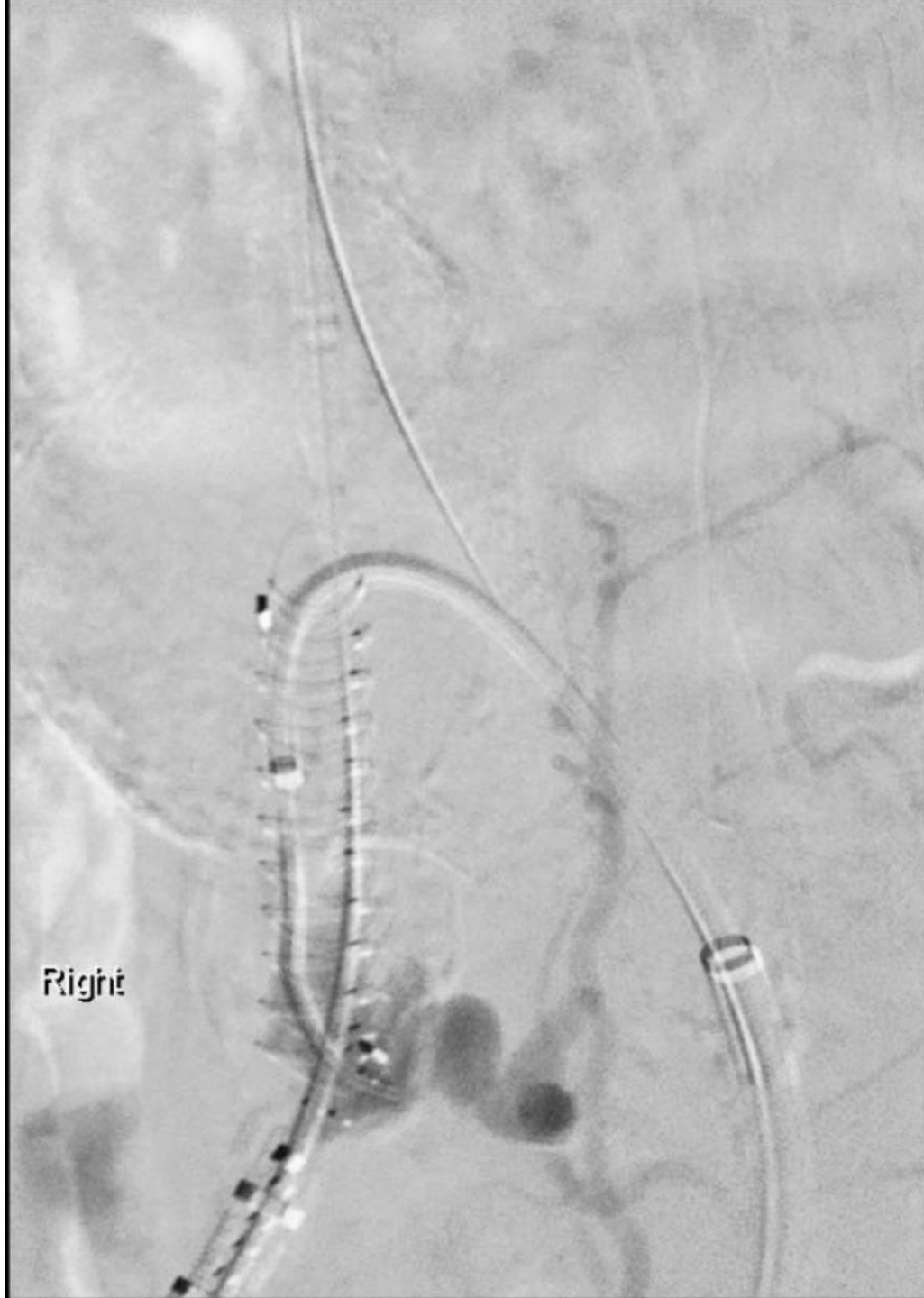
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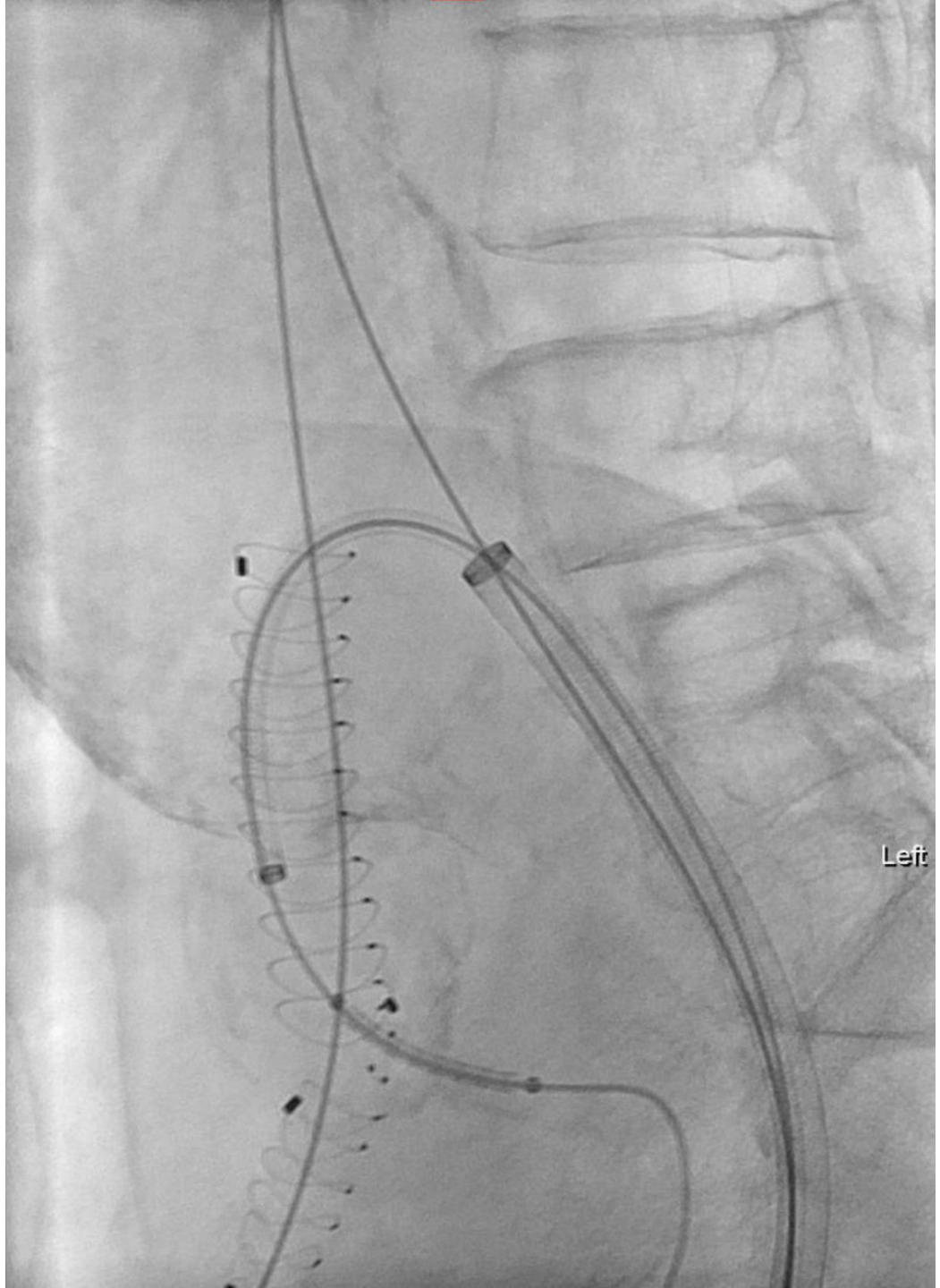
Right

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Left

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Right

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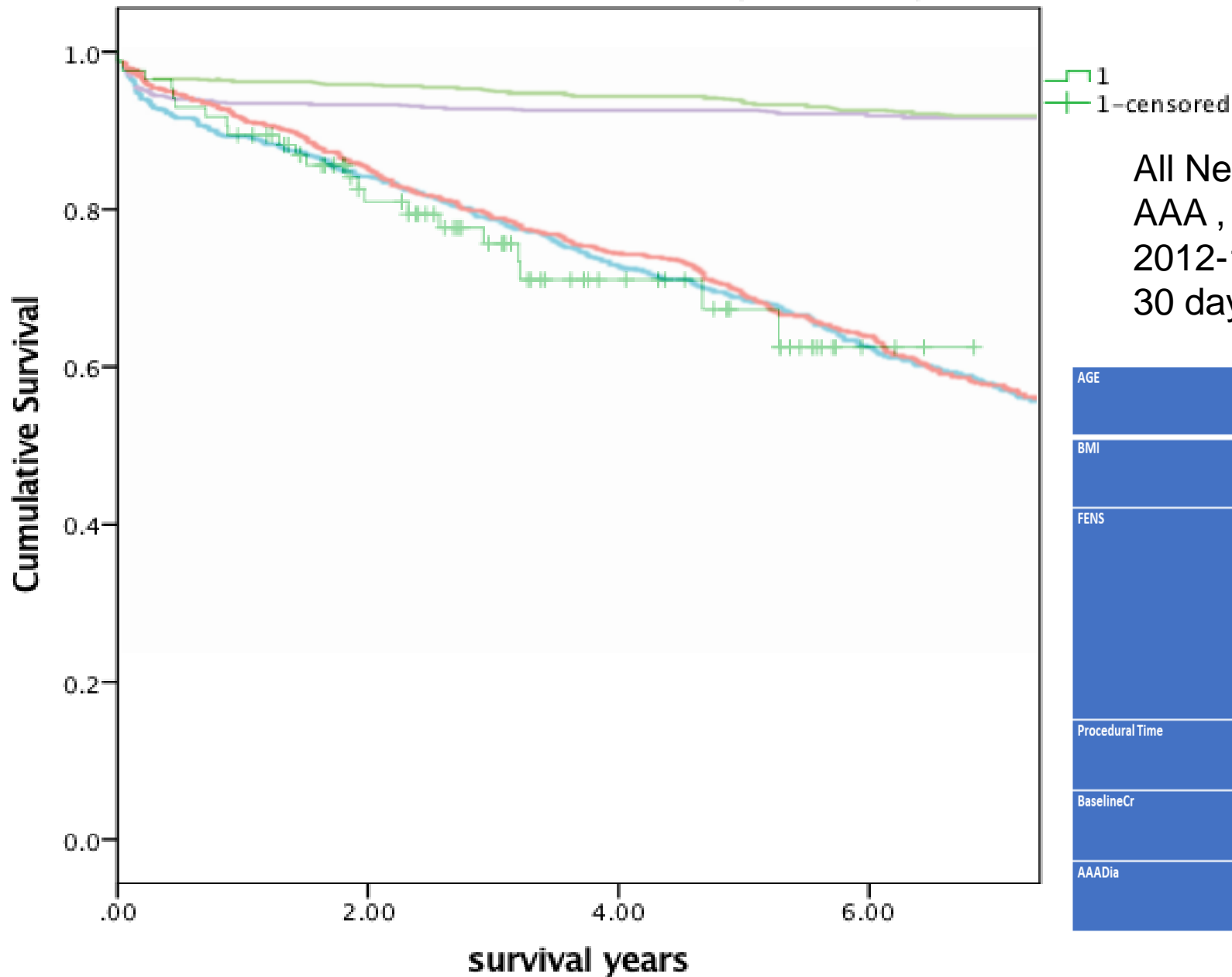


Left
Stent

Very clever – but does Anaconda fEVAR work??

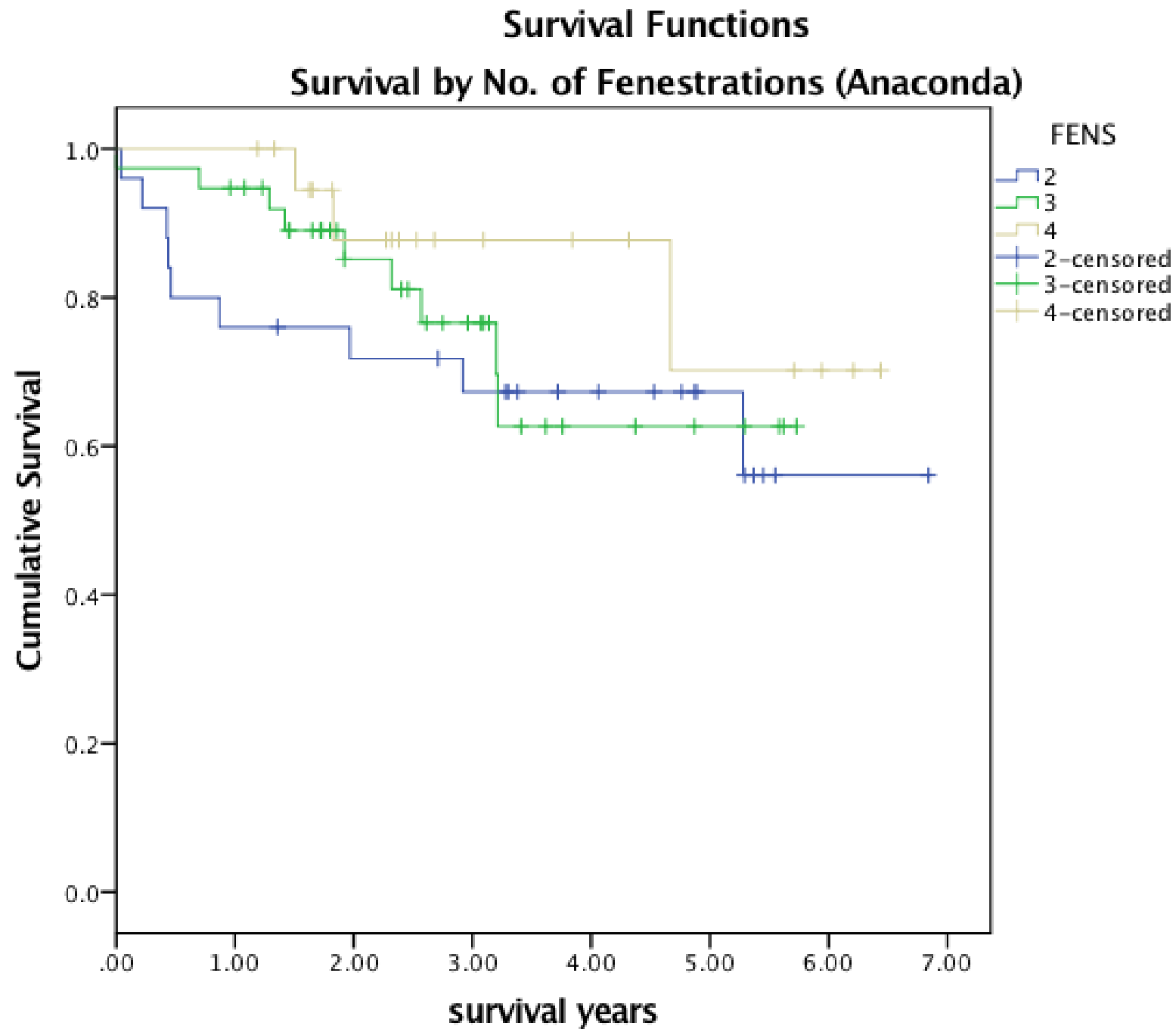
- Results update

Overall Survival (Anaconda)



All Newcastle Anaconda fEVAR including
 AAA , TAAA, redo EVAR, eFEVAR)
 2012-18 n=83
 30 day mortality 2.4% (both redo EVAR)

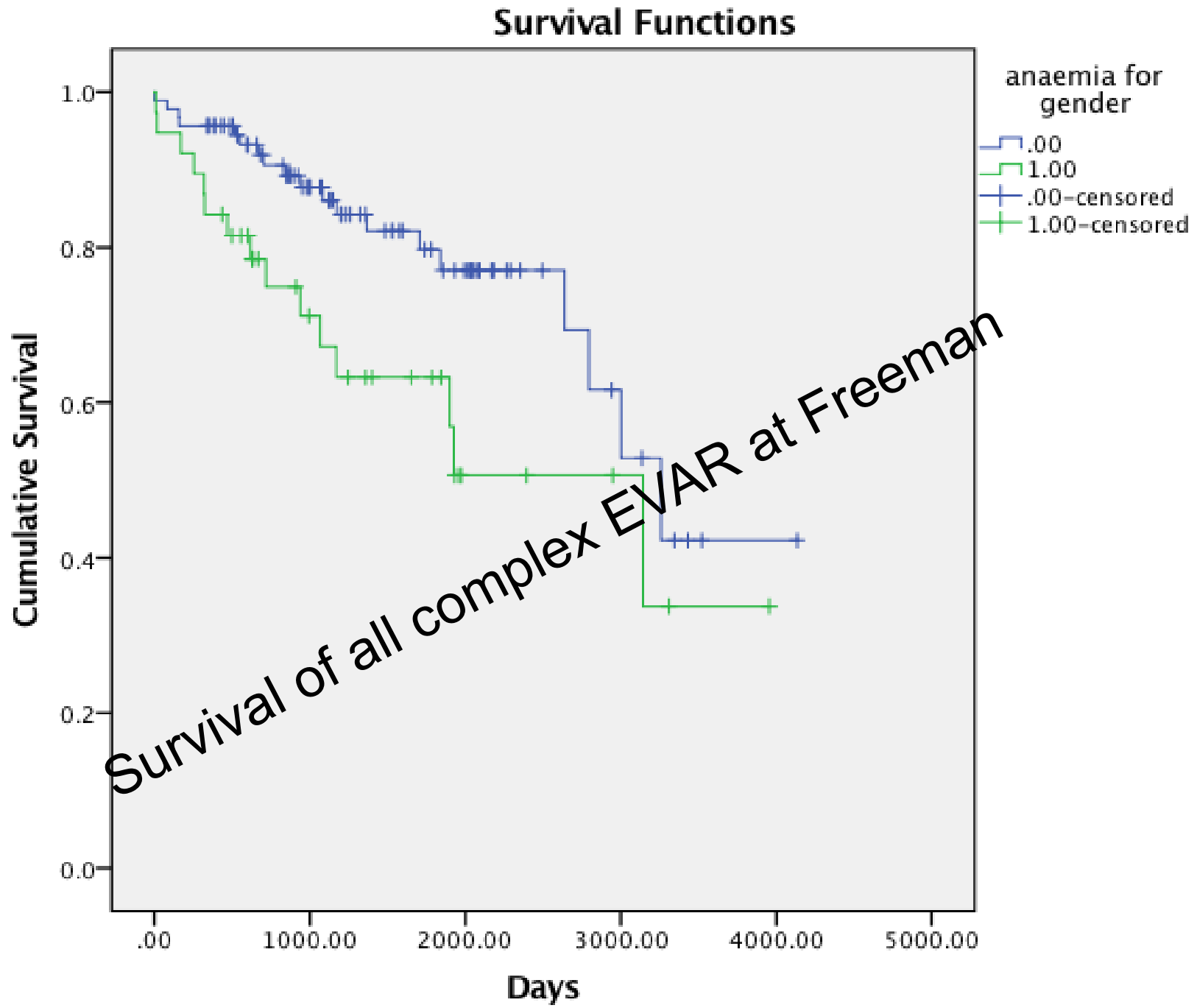
AGE	74.6	6.7		
BMI	36.30	55.47		
FENS	2			25
	3			38
	4			20
Procedural Time	194.84	66.67		
BaselineCr	97.8	25.8		
AAADia	7.0	5.5		



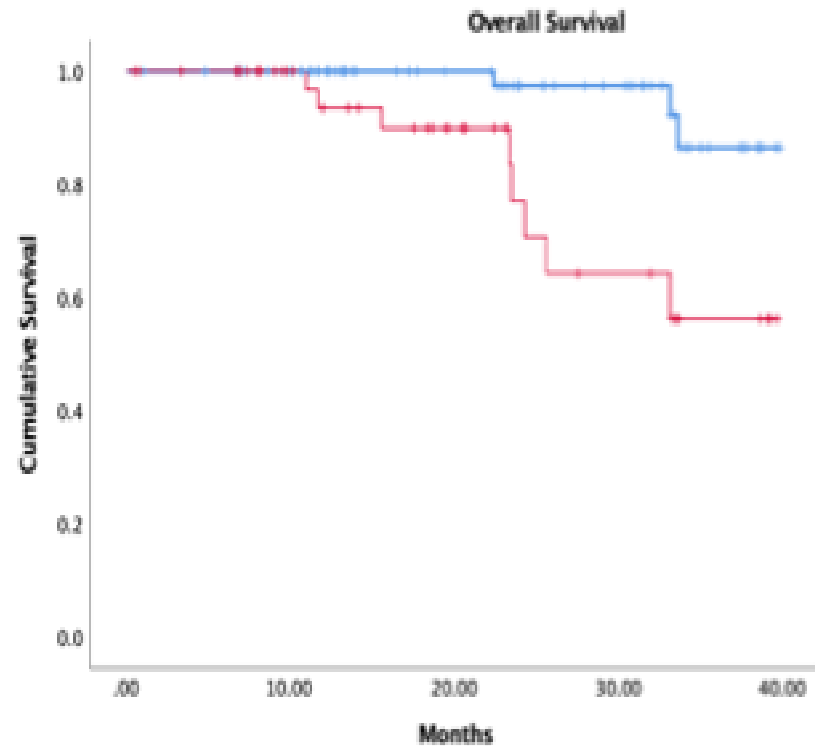
Outcomes at 5 yrs

24 patients (2012-Apr2013) incl 3 redo EVAR

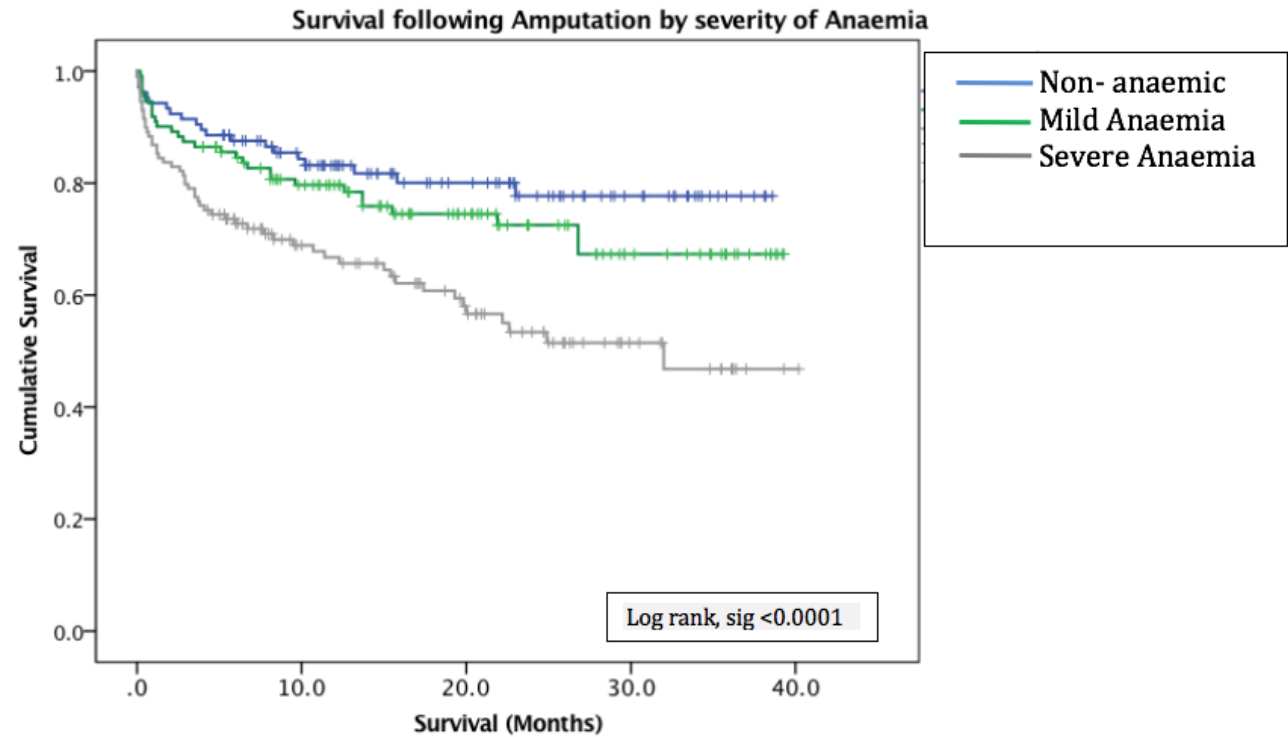
- 4% peri-op death (1 pt bled from iliac conduit stump)
- 75% 5yr survival (no late AA related deaths)
- TVP (no late loss)
 - 98.5% (66/67) procedural
 - 98.1% (52/53) at 5yrs
- Secondary intervention
 - 12.5% overall (including patient who died)
 - 11% at 5yrs (2/18)
 - APTUS
 - Open T3EL



Survival after arterial bypass surgery



Survival after amputation surgery



Innovation of the big snake continues.....

- Indications expand

- TAAA
- AAA
- Iliac AA



- Early positive results now extend to the medium term

- 101 multi-centre study
 - 5yr follow-up now complete
- Global Star 2
- Global Fenestrated Anaconda™ Clinical sTudy (Global FACT)
 - 160pts out to 10yrs
- UK COMPASS