Percutaneous POSE
What is its real worth?

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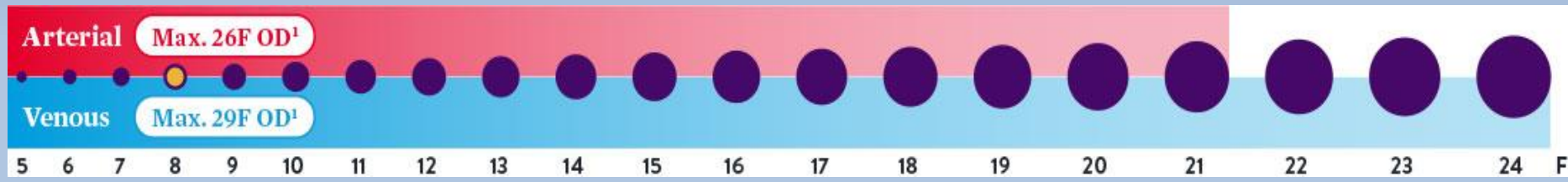
Percutaneous POSE

Preclose technique
FDA 0.07 – 0.32 inches

The Perclose ProGlide™ vascular closure system has the broadest indication for femoral arterial access sites 5-21F[2] (Max. 26F OD[1]

Real use !8F 2 devices
12 -14 F 1-2 devices



From the Southern Association for Vascular Surgery
2013 S. Timothy String Presidential Award

A multicenter, randomized, controlled trial of totally percutaneous access versus open femoral exposure for endovascular aortic aneurysm repair (the PEVAR trial)

Peter R. Nelson, MD, MS,[a] Zvonimir Kracjer, MD,[b] Nikhil Kansal, MD,[c] Vikram Rao, MD,[d] Christian Bianchi, MD,[e] Homayoun Hashemi, MD,[f] Paul Jones, MD,[g] and J. Michael Bacharach, MD,[h]
Tampa, Fla; Houston, Tex; San Diego, Calif; Willoughby, Ohio; Loma Linda, Calif; Falls Church, Va; Chicago, Ill; and Sioux Falls, SDak

Open vs Proglide vs Prostar – 21F DEVICE

Conclusions: Among trained operators, PEVAR with an adjunctive preclose technique using the ProGlide closure device is safe and effective, with minimal access-related complications, and it is noninferior to standard open femoral exposure. Training, experience, and careful application of the preclose technique are of paramount importance in ensuring successful, sustainable outcomes. (J Vasc Surg 2014;59:1181-94.)

PERC EVAR – Day case

Older people in hospital can be more at risk of:

— Reduced bone mass and muscle strength
— Problems with blood pressure control
— Reduced mobility
— Confusion due to changes in environment
— Demotivation

When an older person comes to hospital...

... and lies in bed, it can affect their wellbeing and physical function

KNOWN AS DECONDITIONING

Find out more on the intranet

From the Society for Vascular Surgery

The financial implications of endovascular aneurysm repair in the cost containment era

David H. Stone, MD,[a] Alexander J. Horvath, BA,[a] Philip P. Goodney, MD,[a,b] Eva M. Rzucidlo, MD,[a] Brian W. Nolan, MD,[a,b] Daniel B. Walsh, MD,[a] Robert M. Zwolak, MD, PhD,[a] and Richard J. Powell, MD,[a] *Lebanon, NH*

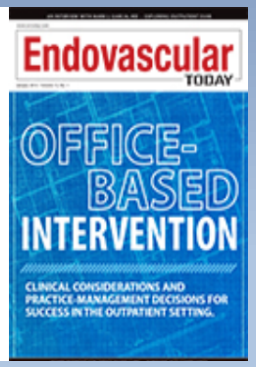
The office-based intervention lab offers one of the most attractive options that are within the means of even small practices to significantly improve their earnings in a climate of constant downward pressure on reimbursements for vascular specialists. That is not to

January 2014

Financial Considerations for Office-Based Intervention Labs

An introduction to the revenue potential and costs of setup and operation.

By Hwa Kho, PhD, MBA, and Sam Ahn, MD, FACS, MBA

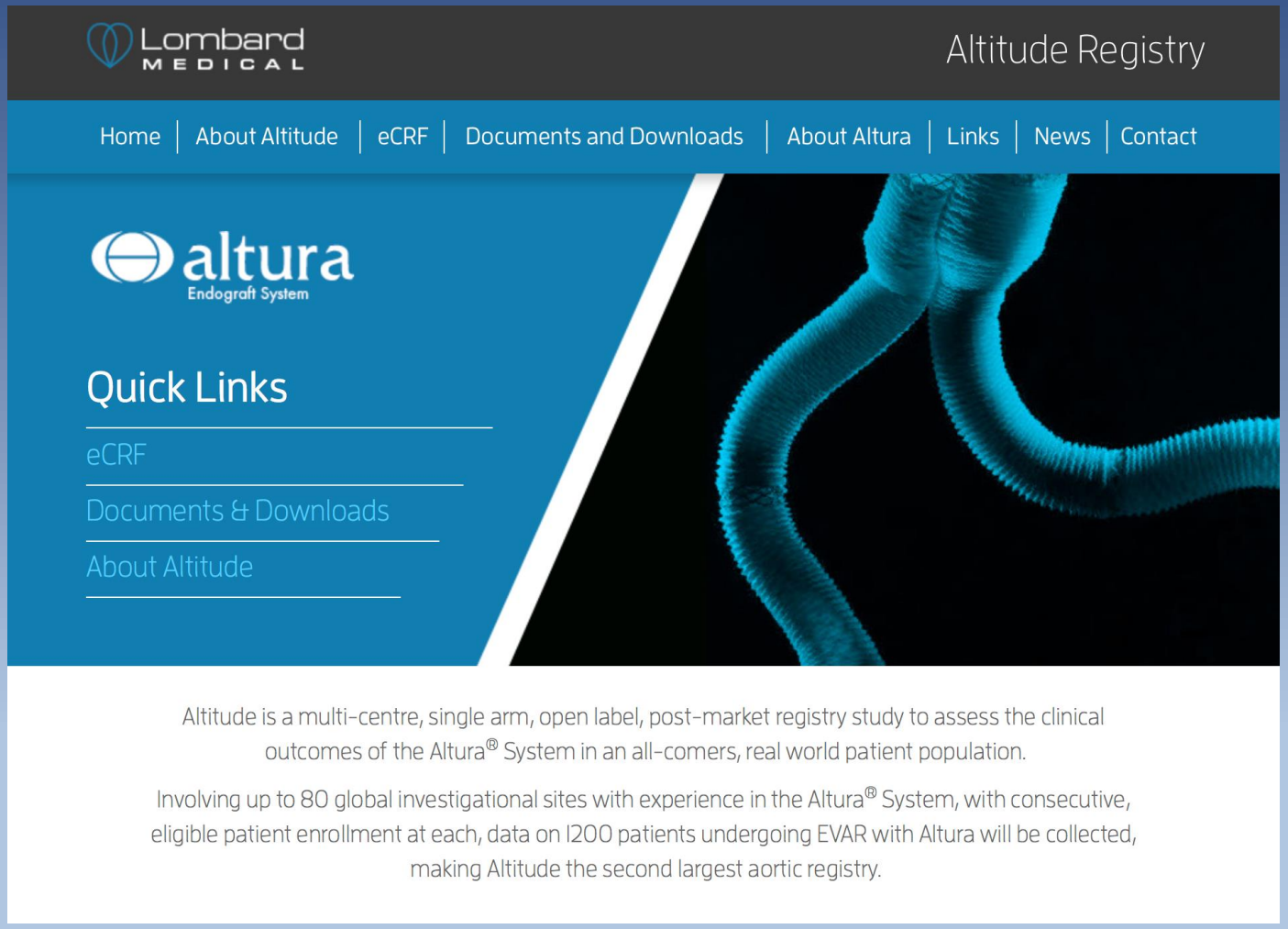


PERC POSE = DAY CASE EVAR
Day Case Selection

- Patient Education
- Preference for Percutaneous Preclose Proglide (2)
- CFA anterior wall calcification
- CKD 4/5 excluded
- 1st on list
- Duplex CFA before discharge
- Geography – ½ hr travel time
- Post op carer
- Follow up review at 48 hrs

ALTURA 14F Endograft

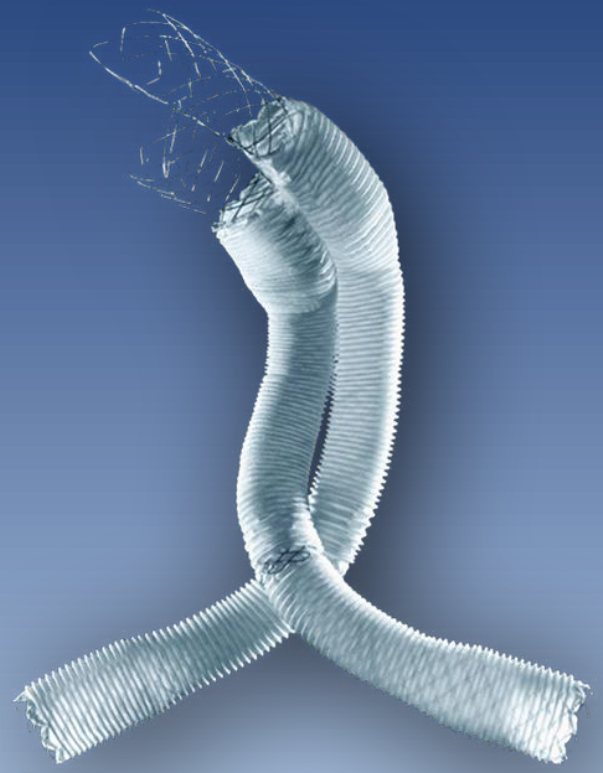
Altitude Registry
altituderegistry.com



Case examples

- Standard
- Revision

Early Outcomes - Daycase



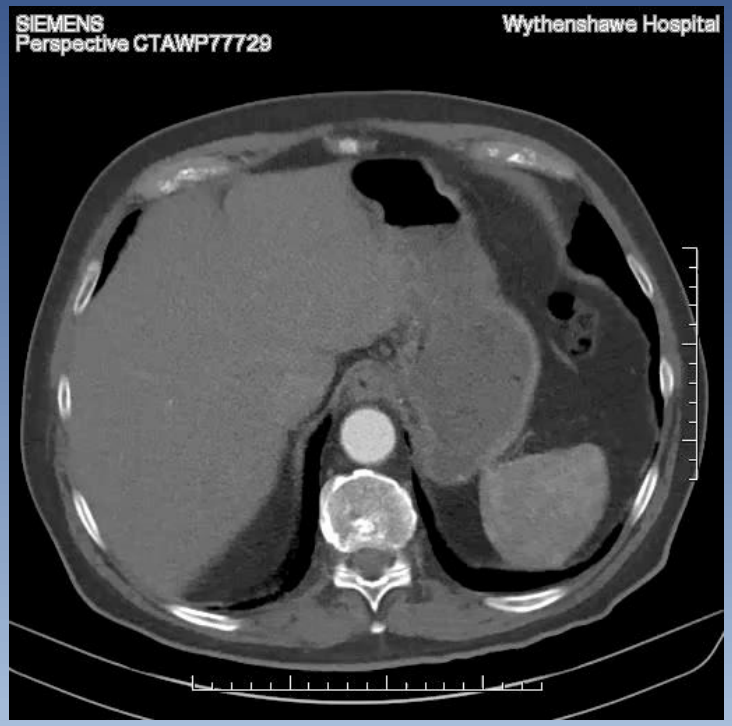
L.H. 81yr ♂

Coronary artery disease

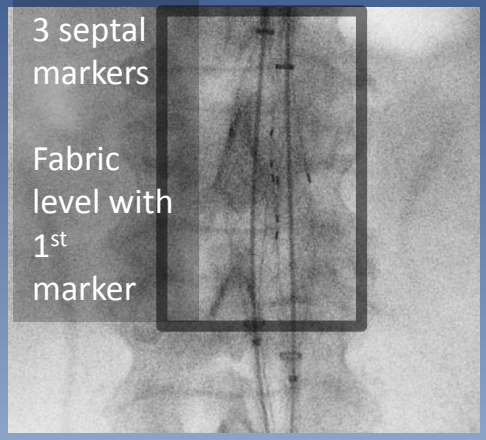
85 mm AAA

3 x CABG

EVAR

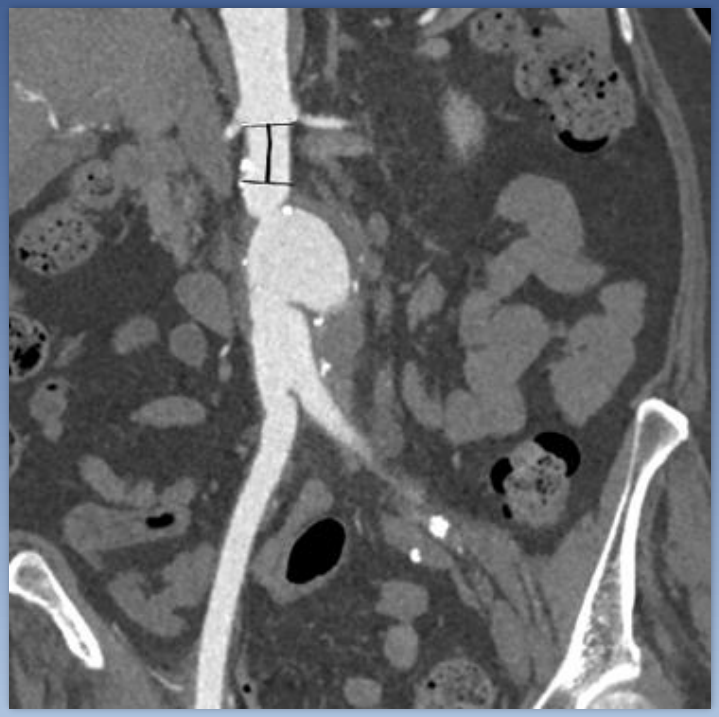


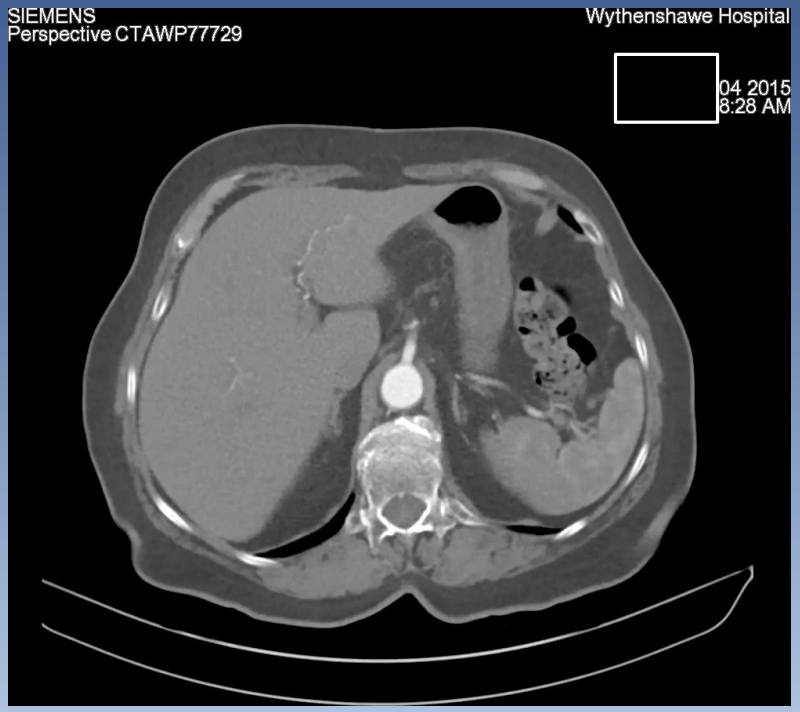
Aortic component positioning



Rotational angiography

Pseudoaneuyrsm of aortic graft





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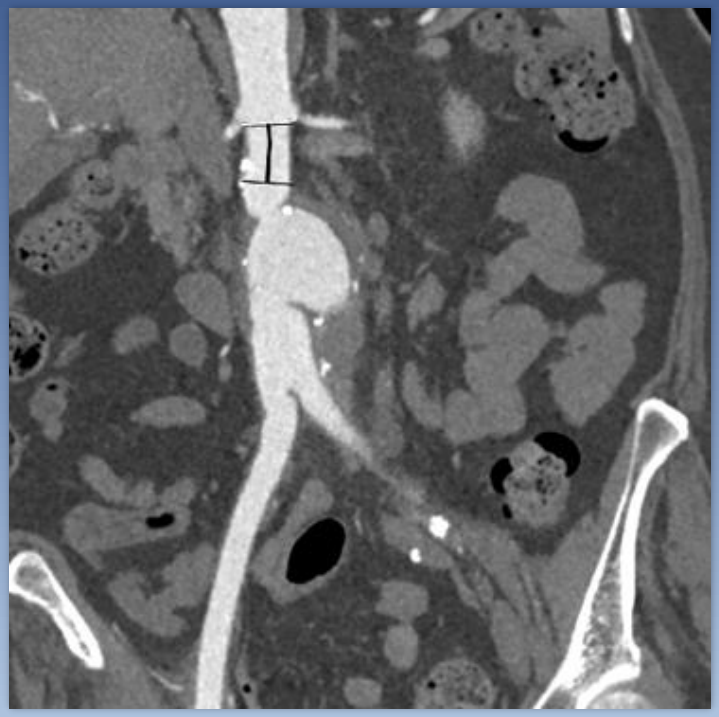


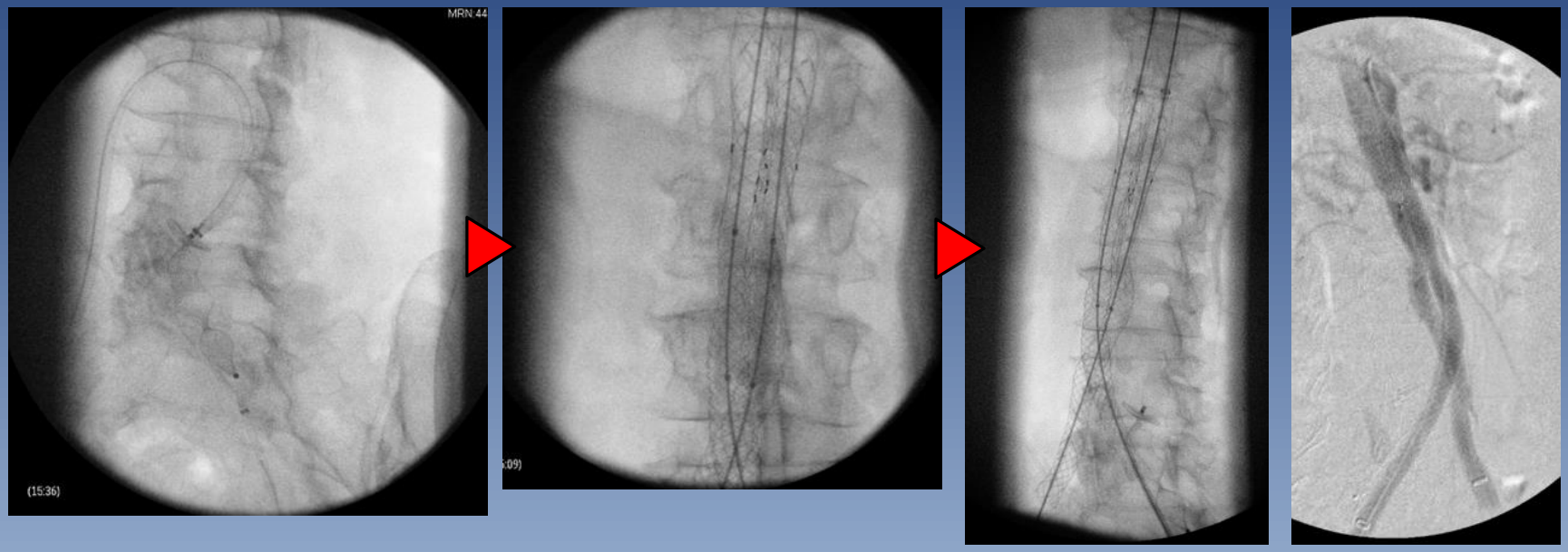
Back pain

7 years post ABG bypass

54mm

2cm proximal

<2cm distal



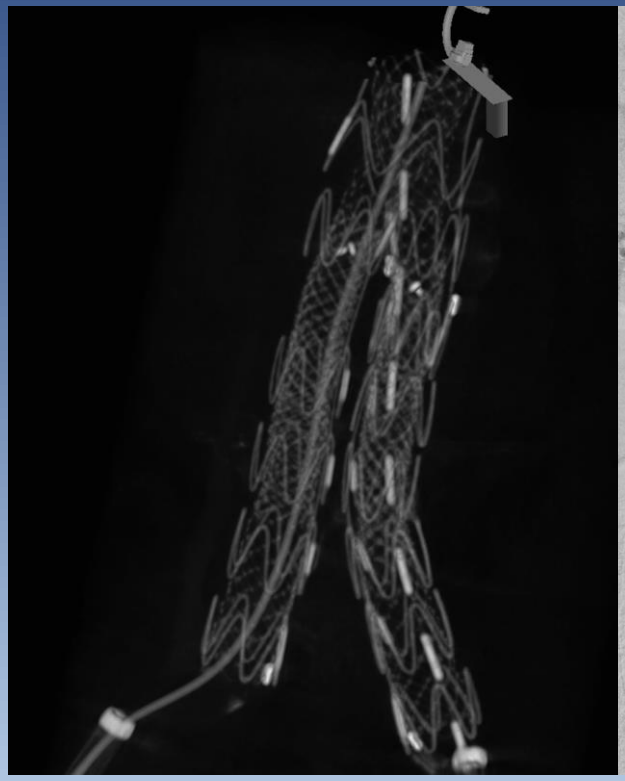
Embolisation of native iliac

Orientation of proximal components

Septal markers medial

Completion

Treatment of failed stent graft



8 years post EVAR

- Type 3 endoleak
- AAA growth

Re-lined with Altura

- Elimination of endloeak
- at 1 month

PERC DC EVAR
25 infra renal AAA Feb – Dec 2016
Median follow up 368 days (223-475)

Median age 75 (64-84)

AAA diameter 60mm (52-105mm)

Neck length 20mm (15-60mm)

Neck diameter 24mm (16-34mm)

Infra-renal angulation 28°

Iliac diameter 14mm (9-18mm)

PERC DC EVAR
25 infra renal AAA Feb – Dec 2016
Operative outcomes

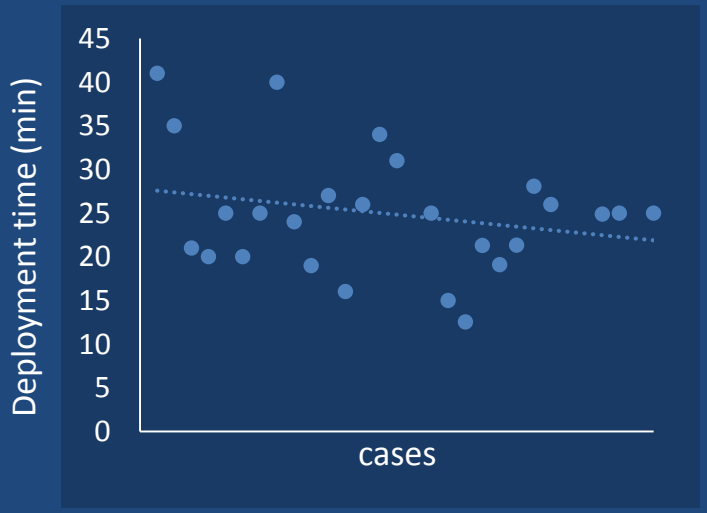
Deployment time 25 minutes (14-41 minutes)

Success 100%

No type I / III

4 type II

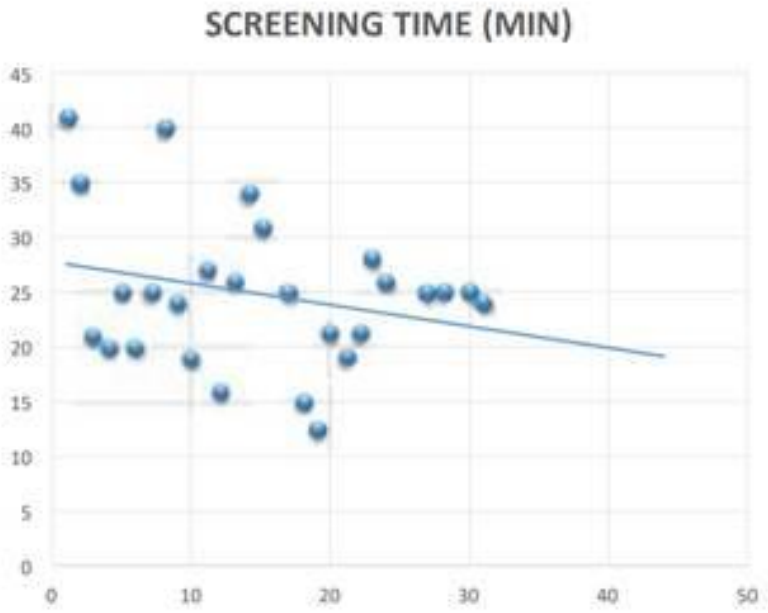
No stent deformity



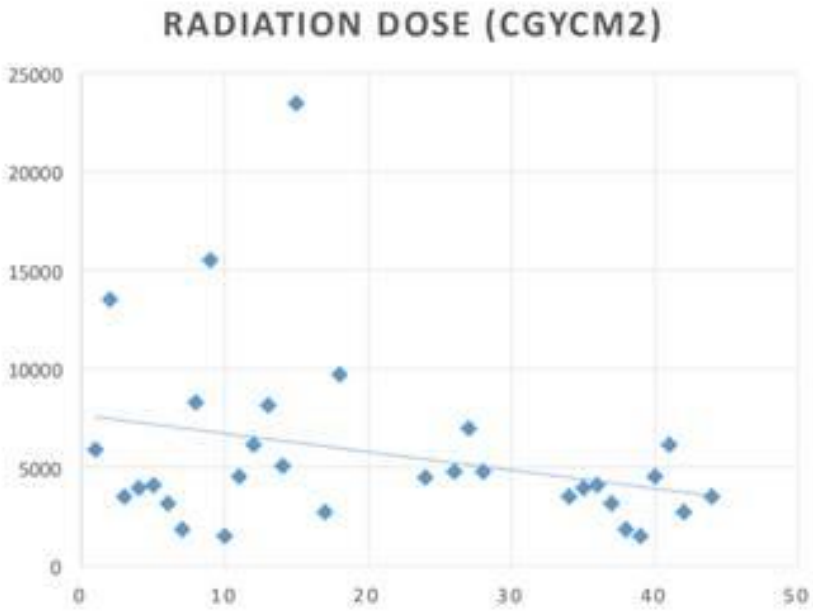
13 Discharged < 24 hours

Manchester UK Experience

Median intraoperative contrast dose was 75ml of 50% concentrate Visipaque 270



Median screen was 25 minutes (15-41)



Median radiation dose for all cases was 4773 cGycm^2 (1480-10366

25 infra renal AAA Feb – Dec 2016

Median follow up 368 days (223-475)

Endloeak No type I or III

4 type II

No AAA growth

No migration

1 EIA occlusion - Conservative management

No reintervention AAA or Access

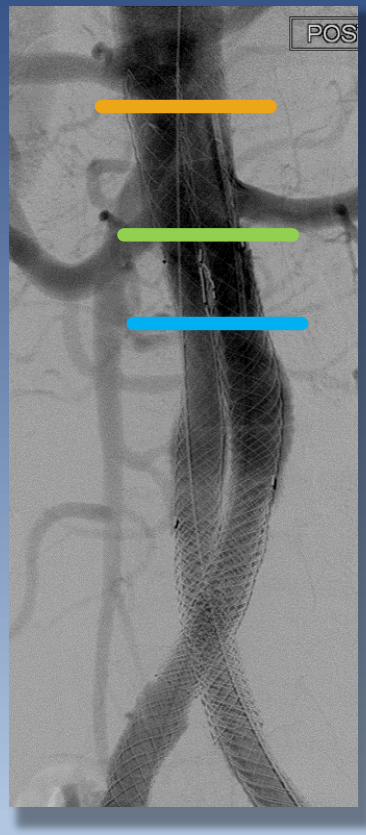
PERC POSE – What is it real value?

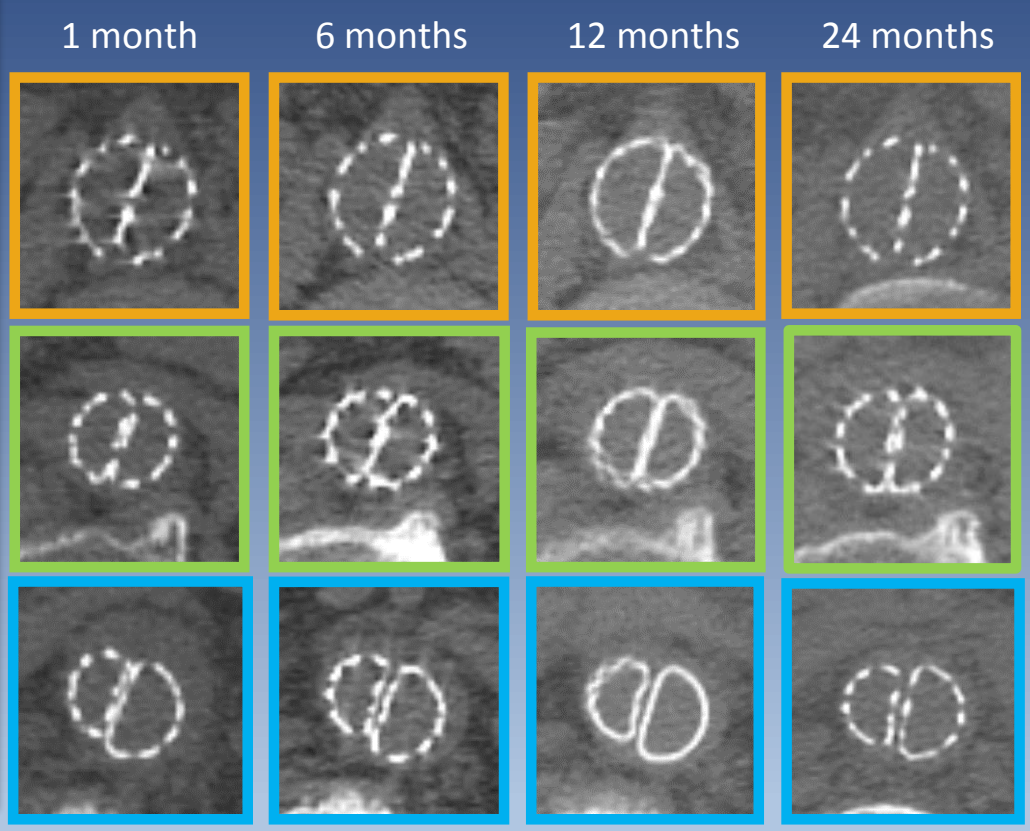
- ADOPTION OF DC EVAR programme
- Safe and effective in pre -selected patients
- Cost effective?

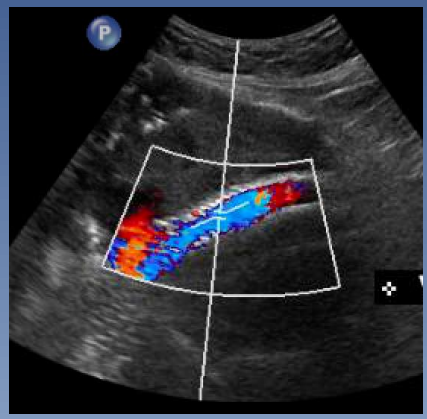
1

“D” Endograft Stability

CT images curtesy of Prof D Krievins







Altura 14F stent graft

Accurate, rapid infra-renal EVAR

6 components

Rapid deployment

Short stay / day case

Early data encouraging

Device characteristics

‘D’ cross section parallel endograft

Re-positionable

Eliminated need for cannulation

Retrograde iliac deployment

3 proximal and 3 distal diameters

Device characteristics

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Device characteristics

‘D’ cross section parallel endograft

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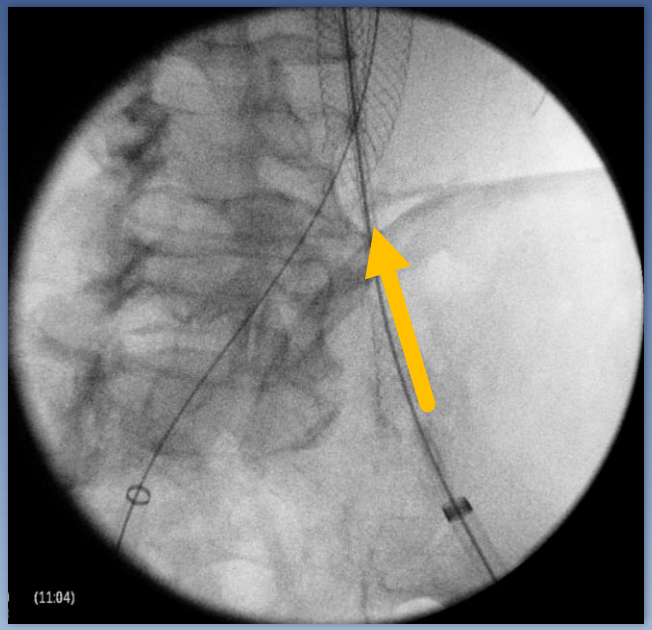
Eliminated need for cannulation

Retrograde iliac deployment

3 proximal and 3 distal diameters

Iliac limb deployment

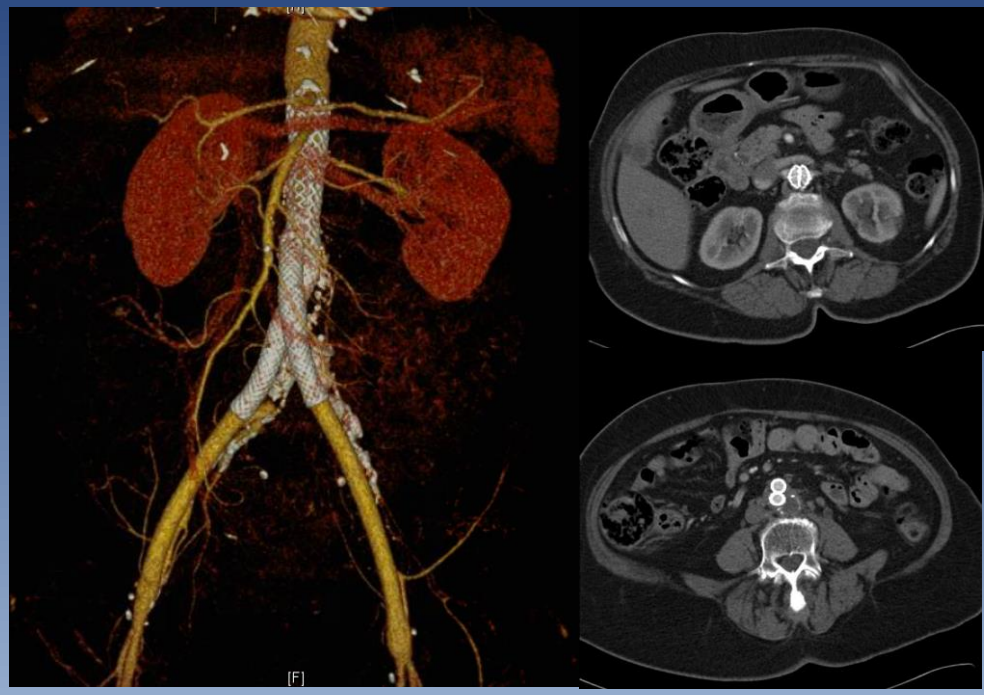


Retrograde

Start in External iliac and push into common iliac

2cm overlap

2 cm seal zone



1 year – aneurysm regression

Device characteristics

‘D’ cross section parallel endograft

Re-positionable

Eliminated need for cannulation

Retrograde iliac deployment

3 proximal and 3 distal diameters

Aortic component diameter (mm)	Treatment Range (mm)
24	18 – 22
27	21 – 25
30	24 – 28

Iliac distal competent diameter (mm)	Treatment Range (mm)
13	8 – 11
17	11 – 15
21	15 – 18

Device characteristics

‘D’ cross section parallel endograft

Re-positionable

Eliminated need for cannulation

Retrograde iliac deployment

3 proximal and 3 distal diameters