Chimney EVAR with 10 complication

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I have no conflict of Interest
Patient history

- He is smoker - history of appendix surgery 40 years ago - history of falling down from height 17 years ago Age: 72 y/o
- GI bleeding last month. Aneurysm was detected at that time
- 1 week later; Vascular surgeon wanted to repair the aneurysm by OSR, but it was not possible and open and close op was done
- Anatomical Measurements* (According to CTA dated: 13 Jan 2019) 56mm AAA (orthogonal measurement) juxta renal AAA, 6mm. Landing zone to the renals 65 degree infra renal aortic angulation 33mm LZ to the SMA 47mm. Left CIA aneurysm with no distal landing zone Right CIA mildly calcified, severely tortuous, and 19mm in diameter 10mm access vessels caudal facing renal arteries
- Proposed Treatment Strategy* Standard EVAR not possible due to lack of infra renal landing zone CHEVAR is possible, and FEVAR is also possible; but for both treatments, distally we will have to coil embolize the Left IIA, so that the stent-graft can be extended to the Left EIA (but on the right side, only to the Right iliac bifurcation).
CTA before procedure
Procedure

R IIA coiling
Complication number 1

Wire could not be crossed from left radial to descending aorta,
So snare was done

Right renal cannulation with brachial sheath from right hand
Complication Number 2: left renal could not be cannulated

Left renal cannulation after snare  

We should inflate a balloon in left renal and push the sheath over it
Complication number 3: stent in right renal jump in!!!

View of both renal cannulation and aneurysm

Opening the upper stent of stent graft, look the site of right renal stent
Withdrawing back the RR stent
Procedure Ctd’

Rewiring of stent from Lt iliac

Right leg deployment of stent
Procedure Ctd’

Right iliac extension

Left leg extension
Complication 4: low BP after dilation

Postdilation of junctions
BP managed with hydration and balloon inflation

Post ballooning
Complication 5: WOWWWWWWWW!

Right leg covered stent
Complication 6: balloon stocked in right renal sheath!

Removal of left renal sheath

Balloon of covered stent in right renal sheath was ruptured by stent crown and stocked, so sheath could not be kept and removed to left arm.
Complication 7: sheath could not be removed from left brachial !!

Sheath removed by cut down

So kissing of both renal and aorta could not be done and patient has endoleak type I1
Complication 8: we closed both internal iliacs!

Closure of both internal iliacs

In hospital patient developed abdominal pain and buttock pain. CTA showed decreased leak, but still there, suck decreased in size
Complication 9: patient developed left sided weakness, 48 hour after the procedure!!!

Weakness slowly improved and patient was discharged 1 week later

CT scan 3 weeks later, no endoleak
Complication number 10: patient developed incisional hernia of site vascular surgery (open/close procedure)

CTA 3 months later

CTA 3 weeks later
Every thing is possible, with patience and tolerance
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