Endovascular solutions for maldeployment of contralateral limb in EVAR.
Tips and tricks to avoid open conversion

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Disclosure

I have the following potential conflicts of interest to report:

- Consulting: Medtronic
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
- I do not have any potential conflict of interest
History

- 74 YOM referred to us with large IRAAA 9cm and back pain
- PMH: HTN, CAD S/P CABG, Old Subdural hemorrhage
- EF: 50%, declared as High risk for open repair by cardiologist
- Plan: PEVAR, Local anesthesia
Intra Operative Angiogram
Bi-Modular EVAR

Tri-Modular EVAR
Maldeployment Of Contralateral Limb
What To Do ???

• No flow to the LT LE
• Two limbs stuck in the ipsilateral limb
• The contralateral stump is open with major endoleak
Options Of Treatment

1- Convert it to open repair

2- Aorto-Uniliac device (AUI) + Contralateral Occluder + Fem-Fem Bypass
3- Plug the contralateral limb and fem-fem bypass
4- Pass wire from the brachial artery to LT CFA then place new contralateral limb.
Deployed new contralateral limb
5- Retro grade cannulation of the contralateral limb stub, then place balloon expandable stents.
Deployed new contralateral limb
Lessons Learned

• In Tri-modular endograft, deploy ipsilateral limb first before cannulation contralateral limb to avoid this complication.
• Multiple AP and Lateral views are essentials in tortuous anatomy.
• There are multiple endovascular technique as Bail-out procedure.
• Convert to open is always an option in low risk patient.
... maybe we should try to think out of the box?

Thank You
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