Iliac artery Pathologies: Case based discussion: Device selection for a successful preservation

CASE BASED DISCUSSION: DEVICE SELECTION FOR A SUCCESSFUL PRESERVATION

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Disclosure

Speaker name:

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I have the potential conflicts of interest to report:

- [x] Consulting: GORE, MEDTRONIC, TERUMO, JOTEC
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest
Iliac artery Pathologies: Case based discussion: Device selection for a successful preservation
- Optimize the placement of the stent graft
- Maximize seal length

DURABILITY
CONFORMABILITY

ENDOVASCULAR TREATMENT GOAL

TO SEAL THE ANEURYSM
TO PRESERVE OR NOT TO PRESERVE IS THAT THE QUESTION...

Anders Wanhainen, Fabio Verzini, Isabelle Van Herzeel, Eric Allaire, Matthew Bown, Tina Cohnert, Florian Dick, Joost van Herwaarden, Christos Karkos, Mark Koelemay, Tilo Köbel, Ian Loftus, Kevin Mani, Germano Melissano, Janet Powell, Zoltán Szeberin

ESVS Guidelines Committee, Gert J. de Borst, Nabil Chakfe, Sebastian Debus, Rob Hinchliffe, Stavros Kakkos, Igor Koncar, Philippe Kolh, Jes S. Lindholt, Melina de Vega, Frank Vermassen


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**Recommendation 104**

*Preserving blood flow to at least one internal iliac artery during open surgical and endovascular repair of iliac artery aneurysms is recommended*

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**Recommendation 105**

*In patients where internal iliac artery embolisation or ligation is necessary, occlusion of the proximal main stem of the vessel is recommended if technically feasible, to preserve distal collateral circulation to the pelvis*

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EVAR & Hipogastric Preservation

SOCIETY FOR VASCULAR SURGERY® DOCUMENT

The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm

EVAR. We recommend preservation of flow to at least one internal iliac artery.

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<th>Quality of evidence</th>
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We recommend using Food and Drug Administration (FDA)-approved branch endograft devices in anatomically suitable patients to maintain perfusion to at least one internal iliac artery.

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EVAR & pelvic circulation

Iliac Branch Devices
Iliac artery Pathologies: Case based discussion: Device selection for a successful preservation

WL Gore IBE

The GORE® EXCLUDER® Iliac Branch Endoprosthesis is indicated for use with the systemic blood flow and preserve blood flow in the external iliac and internal iliac arteries, including: adequate iliac/femoral access; minimum common iliac diameter of 17 mm range of 6.5–25 mm and seal zone length of at least 10 mm; internal iliac artery agrade length from the lowest major renal artery to the internal iliac artery to those of required components, taking into account appropriate overlaps betweenrosthesism is contraindicated in Patients with known sensitivities or allergies to thethesis and the GORE® EXCLUDER® AAA Endoprosthesis contain ePTFE, FEP, nitinol eased risk of endovascular graft infection. Refer to Instructions for Use atevents.
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WL Gore IBE
CONTRAINDICATIONS FOR HGB

- No Good hipogastric landing zone for the HGB
- Not enough length from the lowest renal
- Previous EVAR
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DEVICE SELECTION

Left common iliac aneurysm: 64 mm  
Right Hipogastric aneurysm: 47 mm
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GORE ILIAC BRANCH ENDOPROTHESES HGB & VBx
PROSPECTIVE, MULTICENTER STUDY
(IBEVIX)

- 100 cases
- 6 months FU
- Compare Outcomes using HGB or VBx
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TAKE HOME MESSAGE

Maintain the hipogastric patency seems mandatory

Good sealing zone is necessary for the durability

Good planning (Sizing/Grafting) is essential

Choose the correct devices is key (Don’t Fight against the anatomy)

Combination of Gore devices increase the number of patients that can be treated with the IBE
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THANK YOU!!!
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