

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



Jorge Fernández Noya

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:

- 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

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ENDOVASCULAR
TREATMENT GOAL

TO SEAL THE
ANEURYSM

- Optimize the placement of the stent graft
- Maximize seal length

DURABILITY

CONFORMABILITY



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



preserve®

Nothing wasted. Everything gained.®

EVAR & Hipogastric Preservation

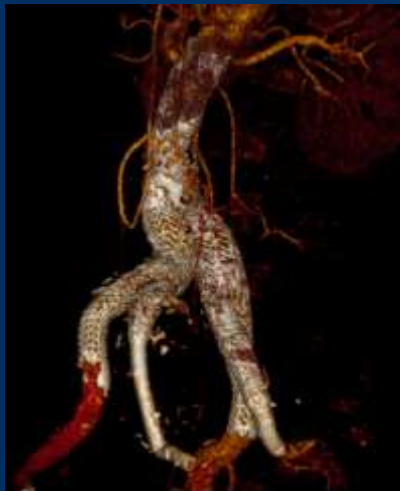
Eur J Vasc Endovasc Surg (2019) 57, 8–93

Editor's Choice — European Society for Vascular Surgery (ESVS) 2019 Clinical Practice Guidelines on the Management of Abdominal Aorto-iliac Artery Aneurysms

Anders Wanhainen ^{a,c}, Fabio Verzini ^{a,c}, Isabelle Van Herzele ^a, Eric Allaire ^a, Matthew Bown ^a, Tina Cohnert ^a, Florian Dick ^a, Joost van Herwaarden ^a, Christos Karkos ^a, Mark Koelemay ^a, Tilo Kölbel ^a, Ian Loftus ^a, Kevin Mani ^a, Germano Melissano ^a, Janet Powell ^a, Zoltán Szeberin ^a

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

Document reviewers ^c, Martin Björck, Stephen Cheng, Ronald Dalman, Lazar Davidovic, Konstantinos Donas, Jonathan Earnshaw, Hans-Henning Eckstein, Jonathan Goffedge, Stephan Haulon, Tara Mastracci, Ross Naylor, Jean-Baptiste Ricco, Hencé Verhagen



Recommendation 104

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

Class	Level	References
I	B	[683]

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

Class	Level	References
I	C	[683]

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



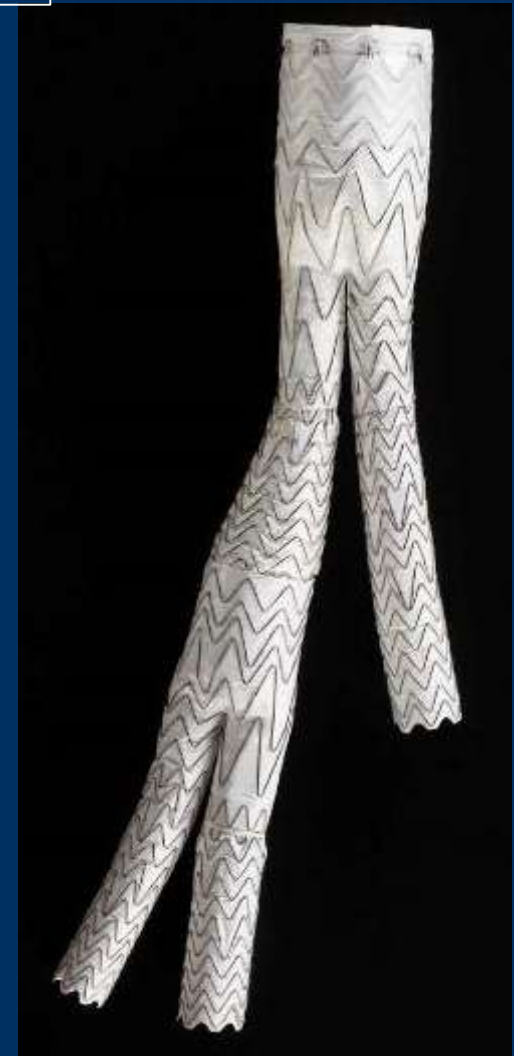
Elliot L. Chaikof, MD, PhD,^a Ronald L. Dalman, MD,^b Mark K. Eskandari, MD,^c Benjamin M. Jackson, MD,^d W. Anthony Lee, MD,^e M. Ashraf Mansour, MD,^f Tara M. Mastracci, MD,^g Matthew Mell, MD,^b M. Hassan Murad, MD, MPH,^h Louis L. Nguyen, MD, MBA, MPH,ⁱ Gustavo S. Oderich, MD,^j Madhukar S. Patel, MD, MBA, ScM,^{k,h} Marc L. Schermerhorn, MD, MPH,^g and Benjamin W. Starnes, MD,^l
Boston, Mass; Palo Alto, Calif; Chicago, Ill; Philadelphia, Pa; Boca Raton, Fla; Grand Rapids, Mich; London, United Kingdom; Rochester, Minn; and Seattle, Wash

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

Level of recommendation	1 (Strong)
Quality of evidence	A (High)

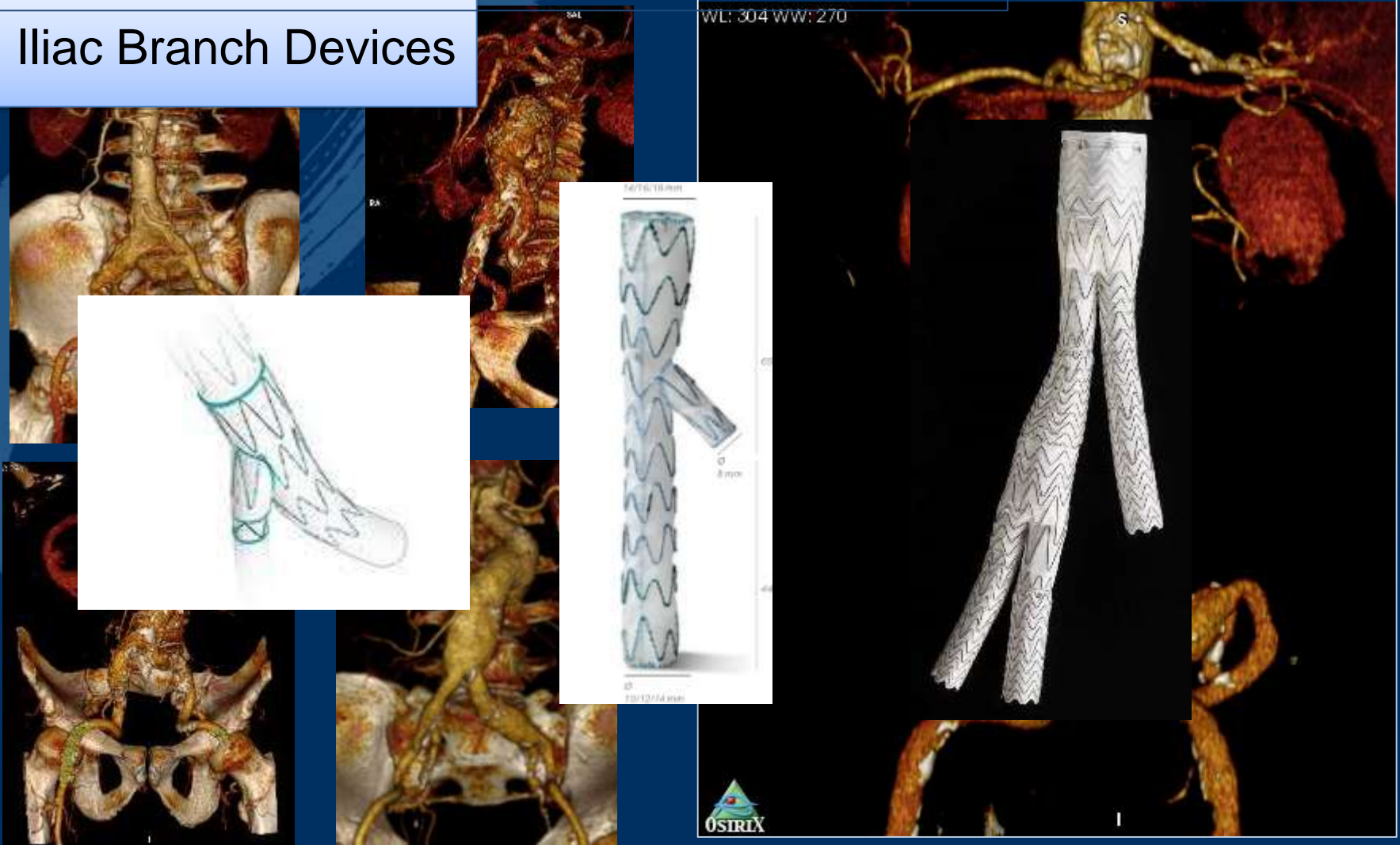
We recommend using Food and Drug Administration (FDA)-approved branch endograft devices in anatomically suitable patients to maintain perfusion to at least one internal iliac artery.

Level of recommendation	1 (Strong)
Quality of evidence	A (High)

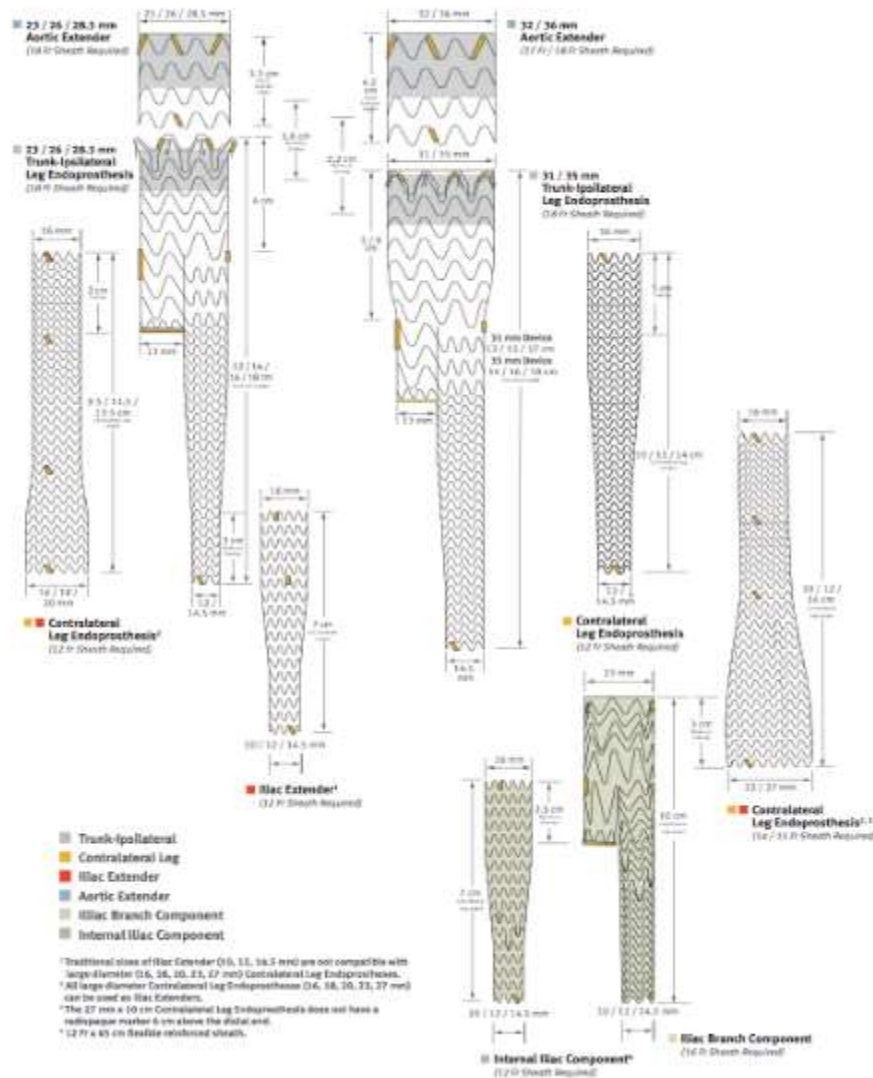


EVAR & pelvic circulation

Iliac Branch Devices



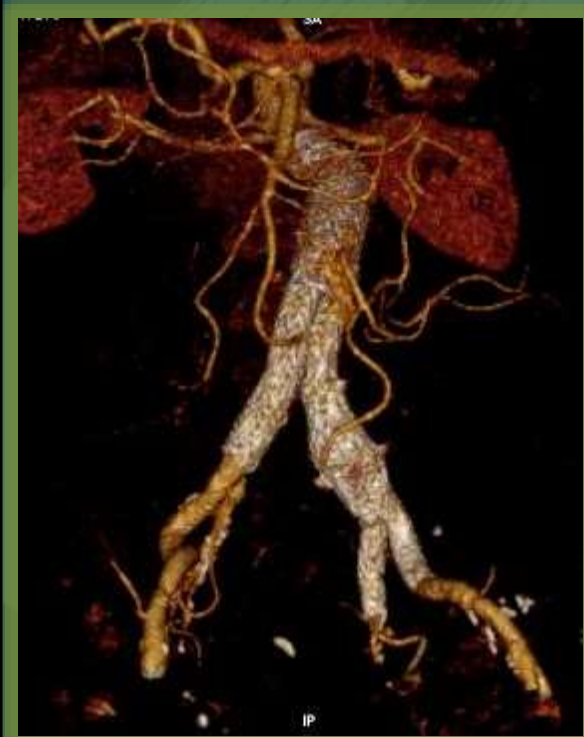
WL Gore IBE



The GORE® EXCLUDER® Iliac Branch Endoprosthesis is indicated for use with the stemic 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 ter range of 6.5–25 mm and seal zone length of at least 10 mm; internal iliac artery equate length from the lowest major renal artery to the internal iliac artery to gths of required components, taking into account appropriate overlaps between rosthesis is contraindicated in: Patients with known sensitivities or allergies to the hehis and the GORE® EXCLUDER® AAA Endoprosthesis contain ePTFE, FEP, nitinol eased risk of endovascular graft infection. Refer to *Instructions for Use* at events.



WL Gore IBE



CONTRAINDICATIONS FOR HGB

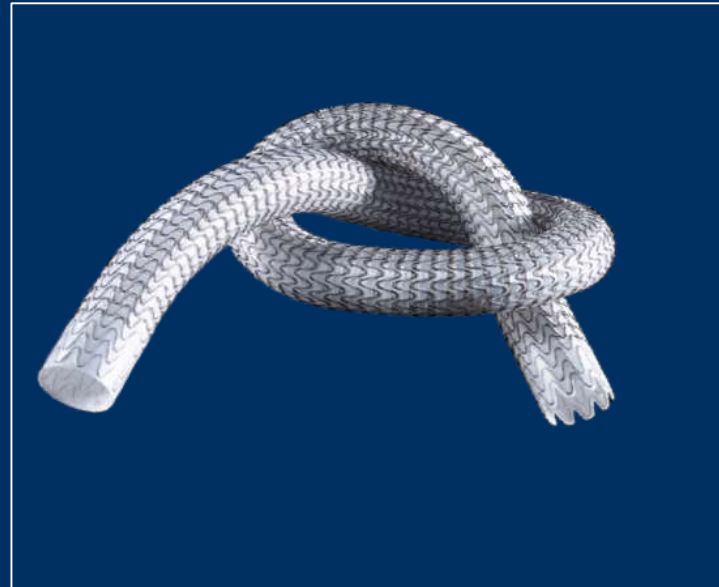
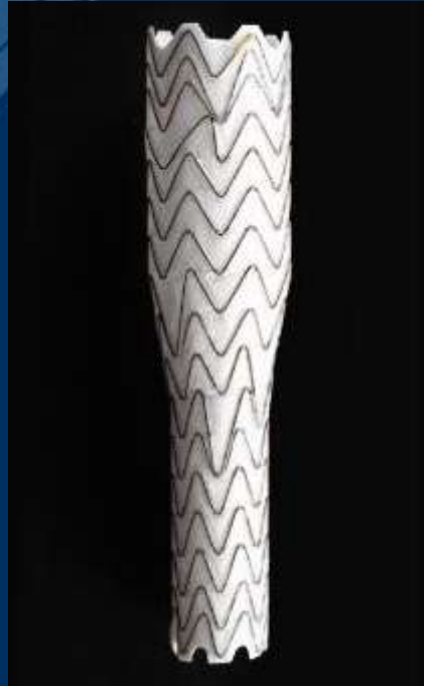
No Good hipogastric landing zone
for the HGB

Not enough lenght from the lowest
renal

Previous EVAR



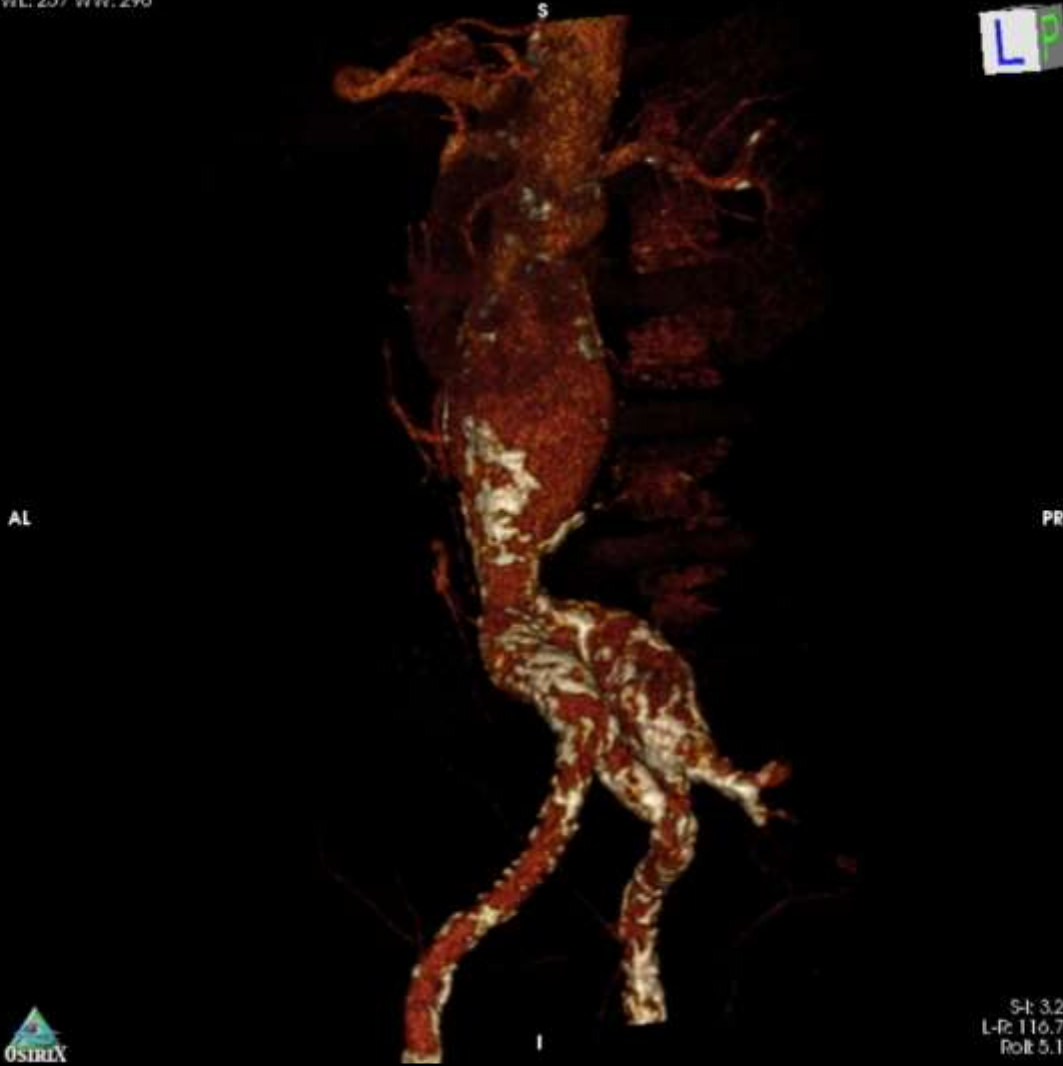
DEVICE SELECTION





DEVICE SELECTION

WL: 257 WW: 296





DEVICE SELECTION



GORE ILIAC BRANCH ENDOPROTHESIS HGB & VBx PROSPECTIVE, MULTICENTER STUDY (**IBERVIX**)

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



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





SERVIZO
GALEGO
de SAÚDE

Xerencia de Xestión Integrada
de Santiago de Compostela
Santiago de Compostela

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THANK YOU!!!



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