

LINC



**ATHENS MEDICAL
GROUP**

Athens Medical Center



VASCUPEDIA



Type Ib – Decision making, treatment, tips & tricks

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Disclosures

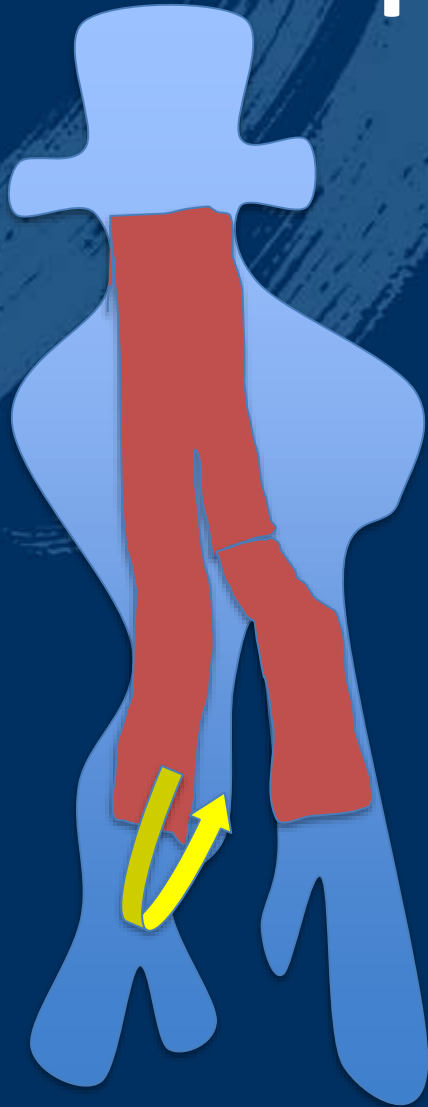
Speaker name:

Theodosios Bisdas

I have the following potential conflicts of interest to report:

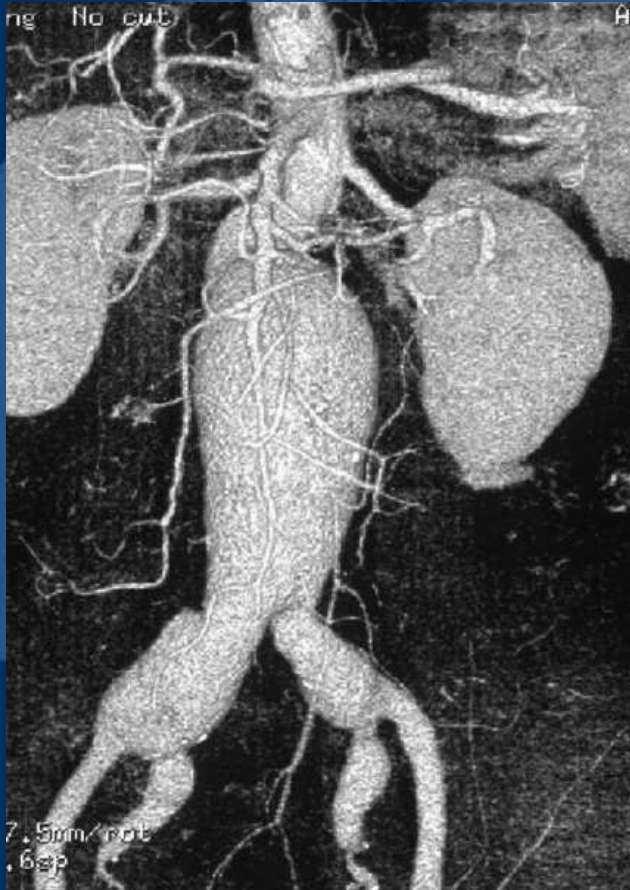
- Consulting
 - Employment in industry
 - Stockholder of a healthcare company
 - Owner of a healthcare company
 - Other(s)
- I do not have any potential conflict of interest

Type Ib endoleak



- **SVS guidelines:** a type I endoleak is linked to a continued risk of rupture
- The **incidence** of type Ib endoleak is not well defined
- There are **no clear recommendations** about the best treatment strategies

Aneurysmatic degeneration of CIA



- The aneurysmatic disease extends into the CIA **in 25% of AAA patients** > 65 yrs
- In **7%** of these patients **HA is involved**
- Falkensammer et al: **> 2mm CIA-expansion** in 26% of EVAR patients @ 44 months

Risk factors for type Ib EL




**IMPLANTATION
OUTSIDE IFU
(LENGTH AND
OVERSIZING)**



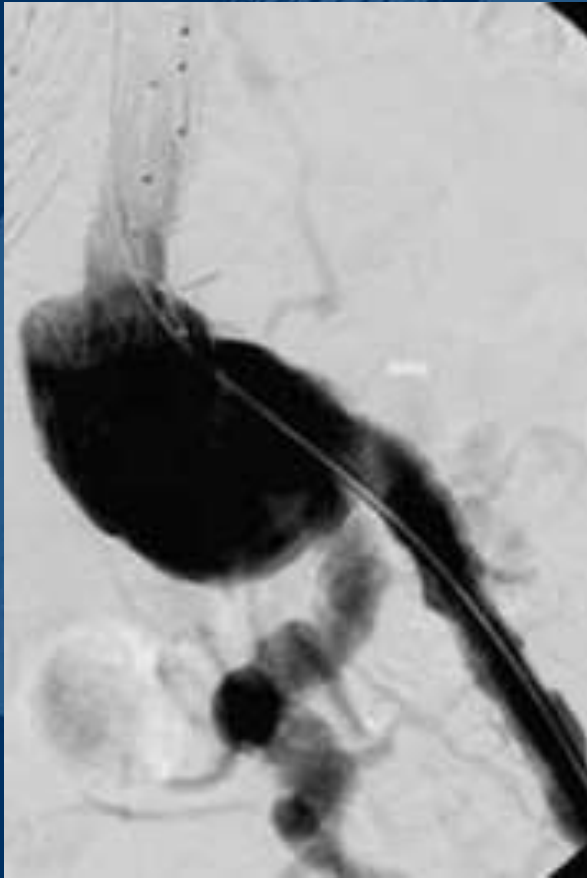
**DIAMETER
> 24mm**

**CIA DIAMETER:
26-28mm**



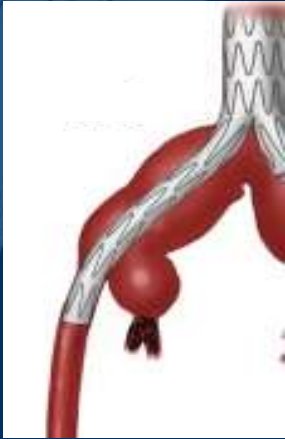
**ANGULATION
OF THE ILIAC
AXIS (TI>1.2)**

Treatment options



It is recommended that the blood flow should be preserved to at least one hypogastric artery in the course of EVAR (ESVS, SVS guidelines)

Treatment options



**HA
embolisation
+ extension**



**Sandwich
technique**



Open surgical



**Iliac side
branch
devices**

Coil embolization of the HA

Eur J Vasc Endovasc Surg (2017) 53, 534–548

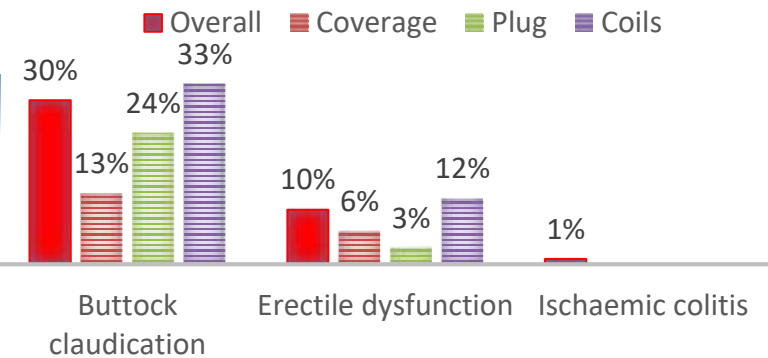
REVIEW

Systematic Review and Meta-analysis of the Effect of Internal Iliac Artery Exclusion for Patients Undergoing EVAR

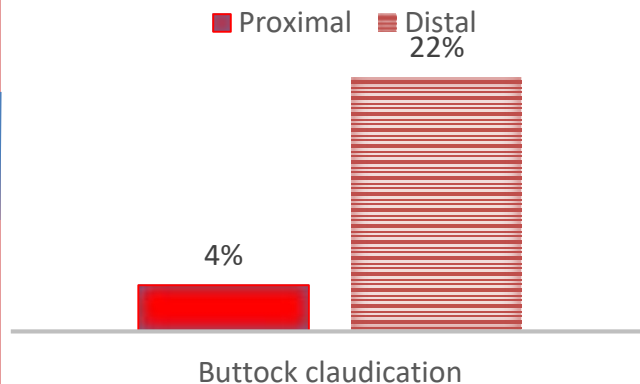
D.C. Bosanquet ^{1,2}, C. Wilcox ¹, L. Whitehurst ¹, A. Cox ¹, I.M. Williams ¹, C.P. Twine ^{1,2}, on behalf of the British Society of Endovascular therapy (BSET)

¹South East Wales Regional Vascular Network, Royal Gwent Hospital, Newport, UK
²Division of Population Medicine, Cardiff University, Cardiff, UK

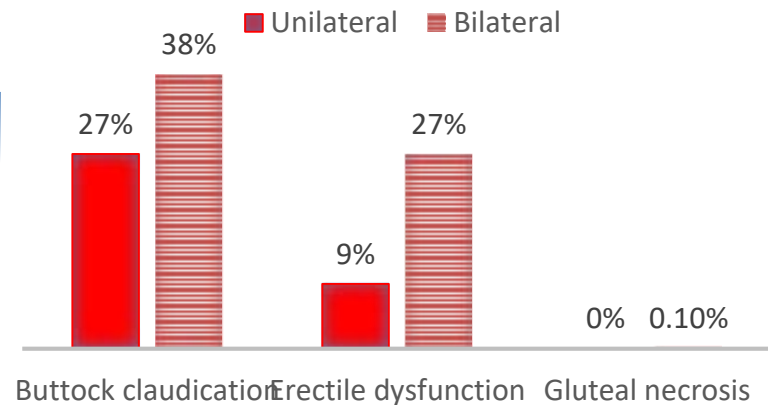
TYPE OF EXCLUSION



LOCATION OF EXCLUSION



SIDE OF EXCLUSION



Coil embolization for type Ib EL



EXTENSION +
COIL EMBOLISATION OF THE HA

Buttock claudication: 14%
Recurrence: 6%

COIL EMBOLISATION OF THE EL
WITHOUT EXTENSION

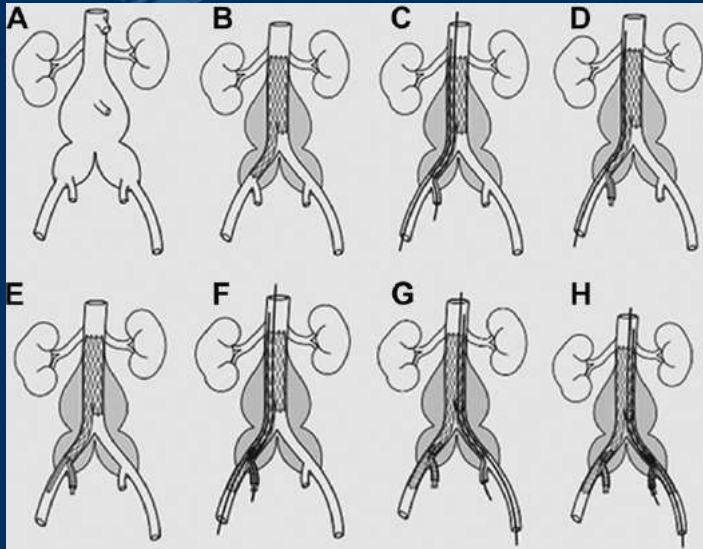
Recurrence: 25%

Sandwich technique

The sandwich technique to treat complex aortoiliac or isolated iliac aneurysms: Results of midterm follow-up

Armando C. Lobato, MD, PhD, and Luciana Camacho-Lobato, MD, PhD, *São Paulo, Brazil*

NO TYPE IB EL INCLUDED

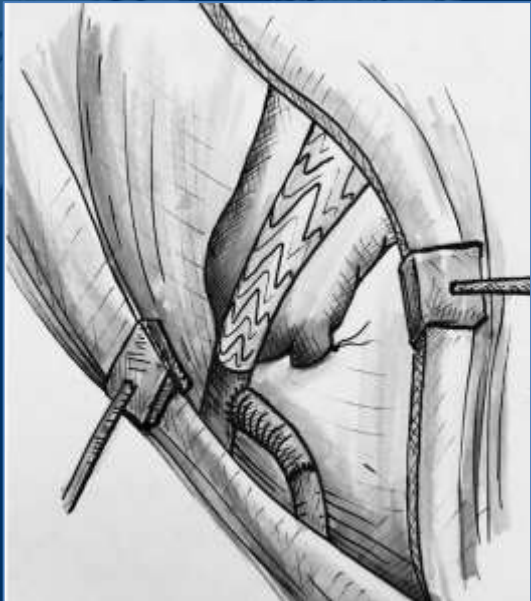


Technical success: 100%

Primary patency: 94%

HA occlusion: 8%

Open surgical procedure

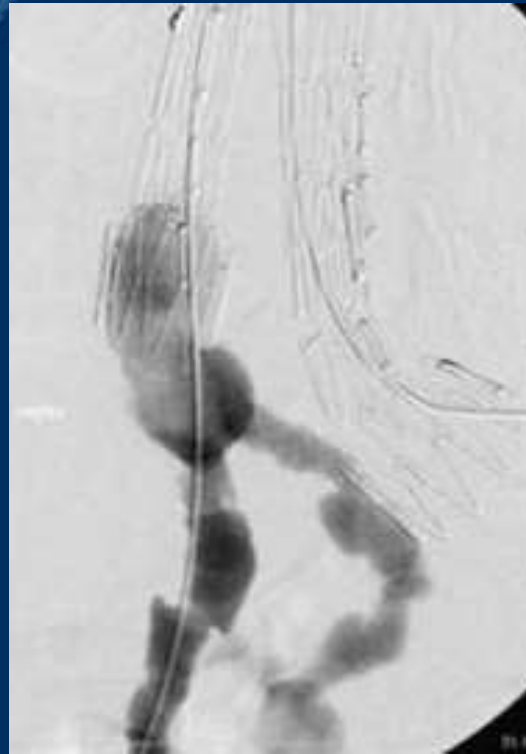
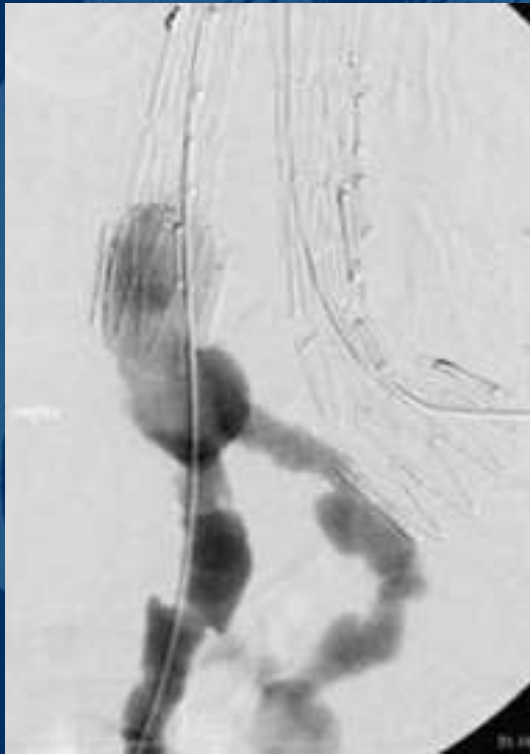


**End-to-end
anastomosis**

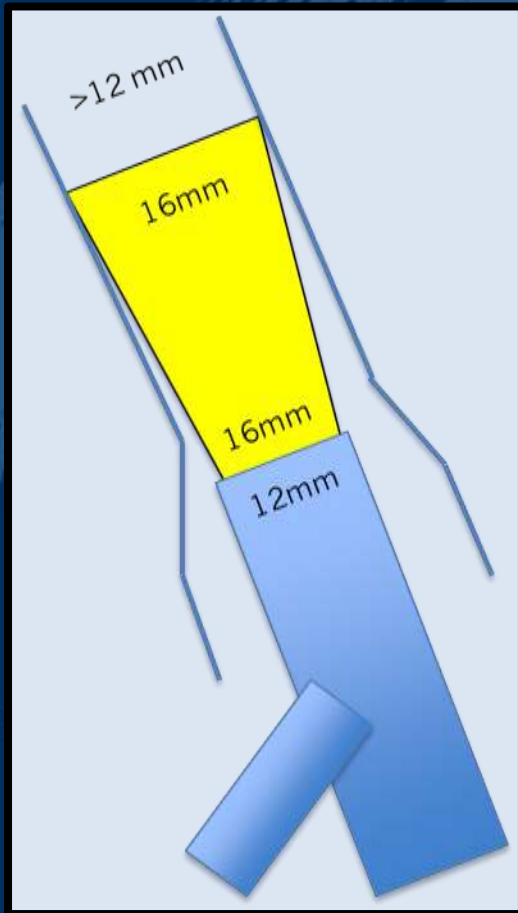


CFA-HA bypass

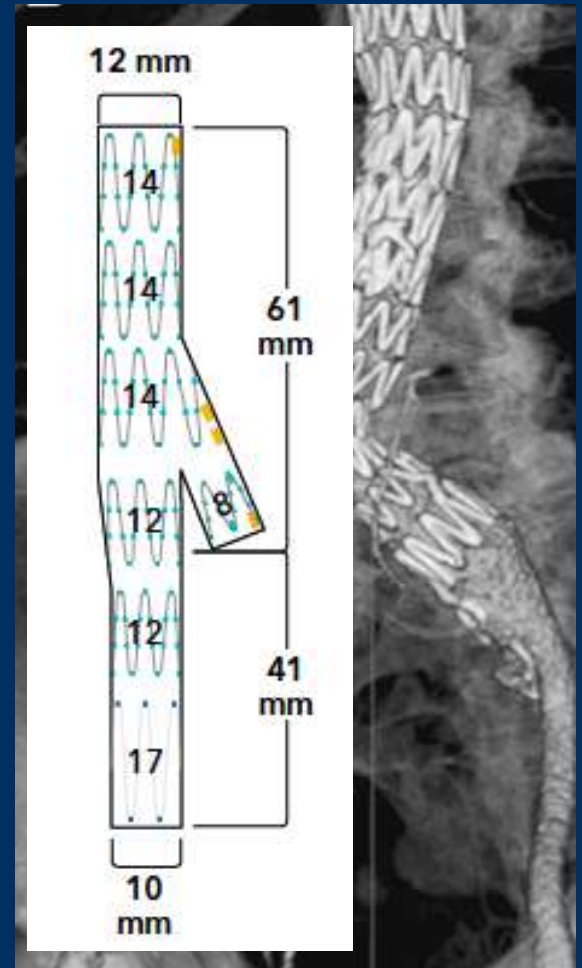
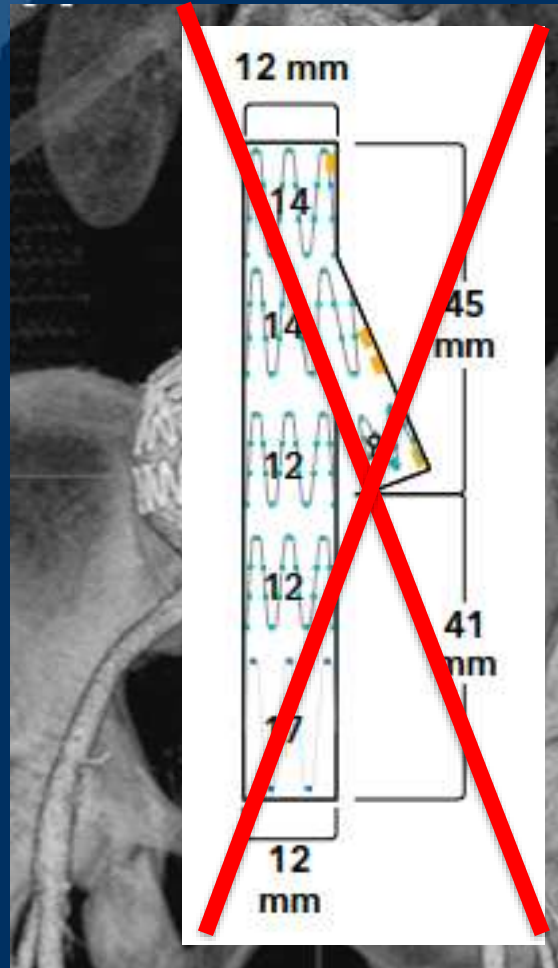
Iliac-side branch device for type Ib



Technical considerations IBD in non-COOK devices



ETLW1616C82(93)EE



IBD for type Ib EL

J ENDOVASC THER
2014;21:579-586

579

◆ CLINICAL INVESTIGATION ◆

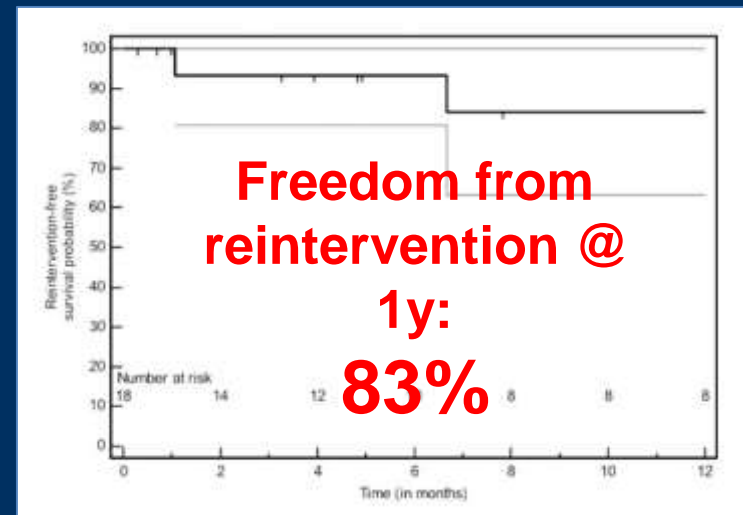
Use of Iliac Branch Devices for Endovascular Repair of Aneurysmal Distal Seal Zones After EVAR

Theodosios Bisdas, MD*; Kristin Weiss, MD*; Konstantinos P. Donas, MD, PhD;
Arne Schwandt, MD; Giovanni Torsello, MD, PhD; and Martin Austermann, MD

Department of Vascular Surgery, St. Franziskus Hospital and
University Clinic of Münster, Germany.

N=18 consecutive patients
Type Ib EL after EVAR

Technical success: 100%
Primary patency HA @ 1year: 100%



Technical considerations

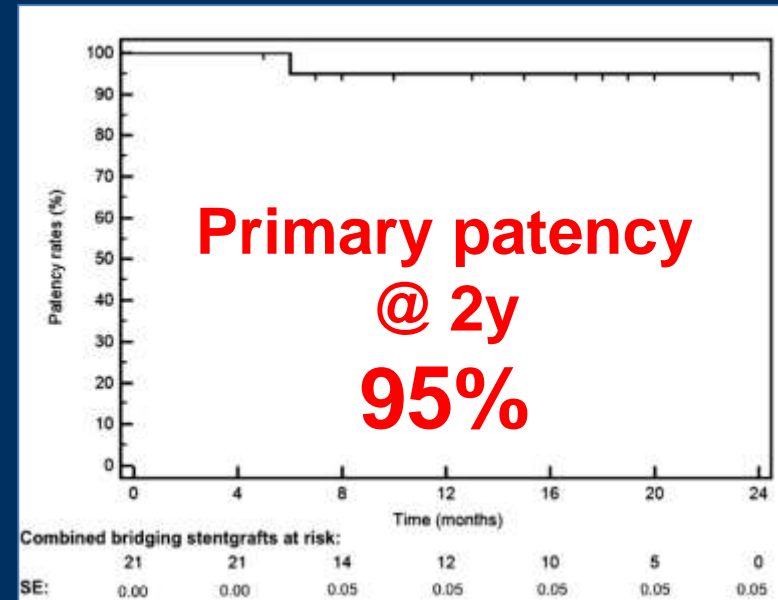
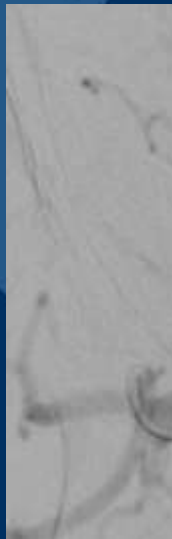
Aneurysm of the hypogastric artery

Outcomes of a novel technique of endovascular repair of aneurysmal internal iliac arteries using iliac branch devices

Martin Austern
Konstantinos L

s, MD,^a
hens, Greece

N = 21 branches
Advanta V12 + Viabahn +
bare-metal stent



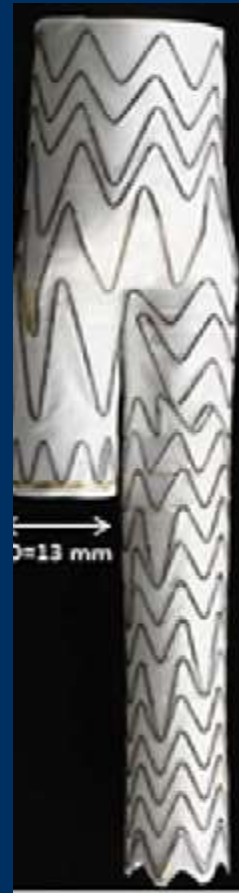
Proximal diameters of off-the-shelf IBD devices

12 mm



COOK

23 mm



GORE

14/16/18 mm



JOTEC

Conclusions

- Literature about type Ib EL is very scant
- There are different techniques to treat type Ib
- Extension to the EIA and embolisation of the HA is the most advocated technique
- Iliac side branch device is an effective strategy which preserves the HA and prevents associated adverse events
- Update of the recommendations is mandatory

Thank you!



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