An aortic disaster

Frank Vermassen
Ghent University Hospital
Belgium
Disclosure

Speaker name:
Frank Vermassen

I have the following potential conflicts of interest to report:

☒ Consulting: Medtronic, Boston Scientific, Phillips, Abbott Vascular
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
Case

- Female, 77 yrs
- Urgent transfer from St-Elsewhere
- Hemorragic shock
- Hematemesis, massive RBPA
- Medical history
  - Aorto-bi-iliac graft -6yrs
  - Pancreatitis – 3 yrs
  - CABG – 2 yrs
  - Diabetes, Hypertension
CT-Angiography
Treatment with endograft (bridge)
After deployment of endograft

- AUI endograft
- Topstent and endograft only partially open
- Distal stent seems better deployed
What would you do?

1) Perform angiography
2) Try to get delivery system out
3) Balloon the graft
4) Dismantle delivery system
5) Convert to open
Angiography
Mobilisation of delivery system
Angiography through tip
Catheterisation of endograft through separate puncture
Dismantling of delivery system

- Fully retract the slider
- Insert & press
- Pull off front grip
- Separate screw gear halves
- Retract graft cover
Wire + balloon through dismantled sheath
Ballooning of endograft
What now?

"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."
What would you do?

1) Pull out everything with force
2) Put endoprosthesis through the other side
3) Convert to open surgery
4) Other suggestion
Conversion
Conversion
What happened?
Further course

- In-situ repair with aorto-bi-iliac graft
- Closure of fistula + omentoplasty
- Closure of abdomen with Abtera system
- Gradual wound closure
- Dismissed after 35 days
An aortic disaster

Frank Vermassen
Ghent University Hospital
Belgium