

# An aortic disaster

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# Disclosure

Speaker name:

Frank Vermassen

I have the following potential conflicts of interest to report:

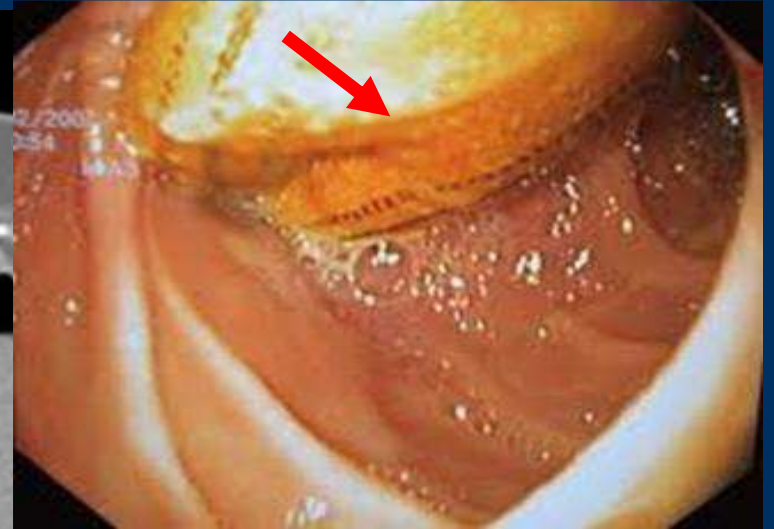
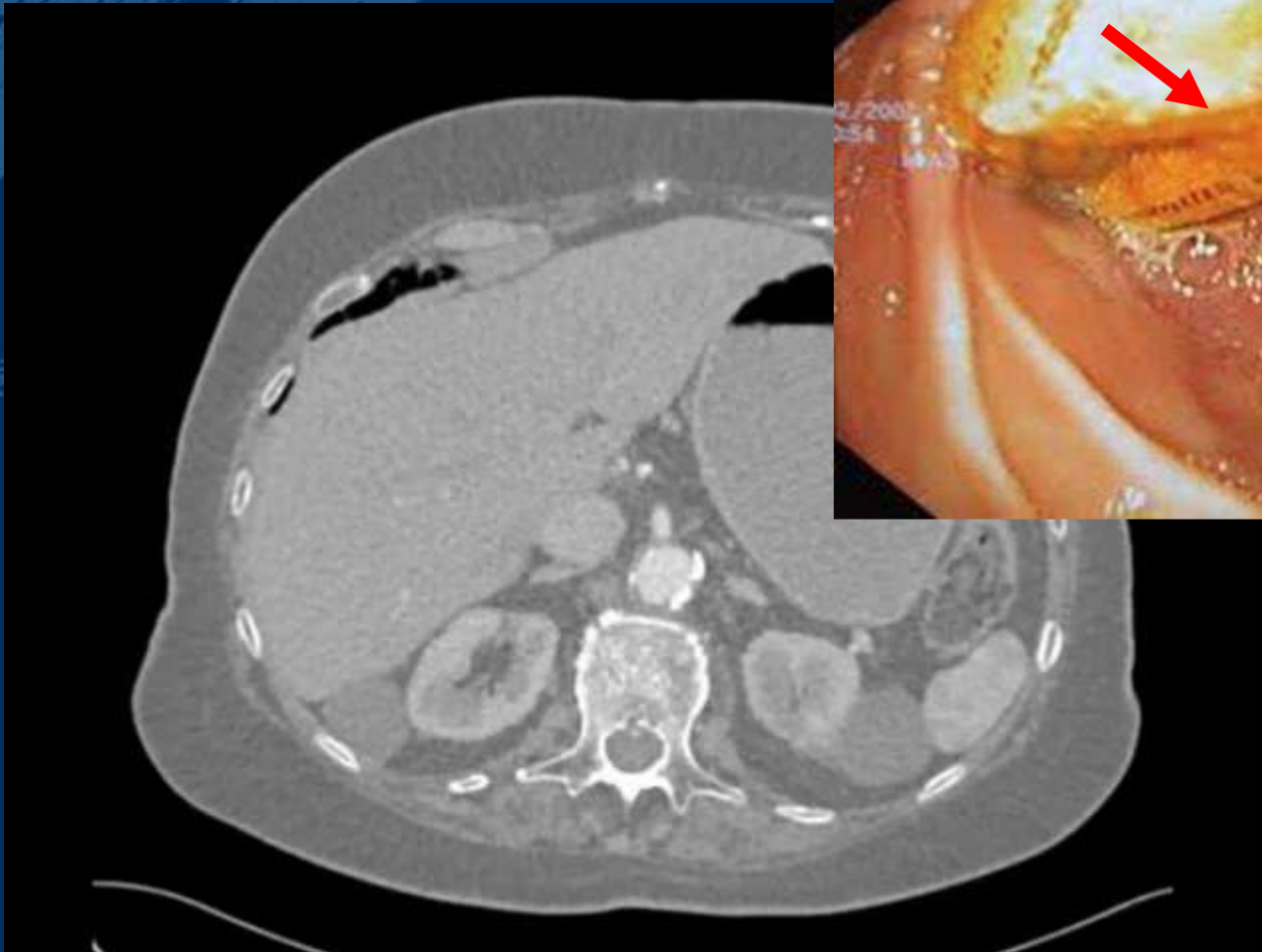
- Consulting: Medtronic, Boston Scientific, Phillips, Abbott Vascular
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
  
- I do not have any potential conflict of interest

# Case

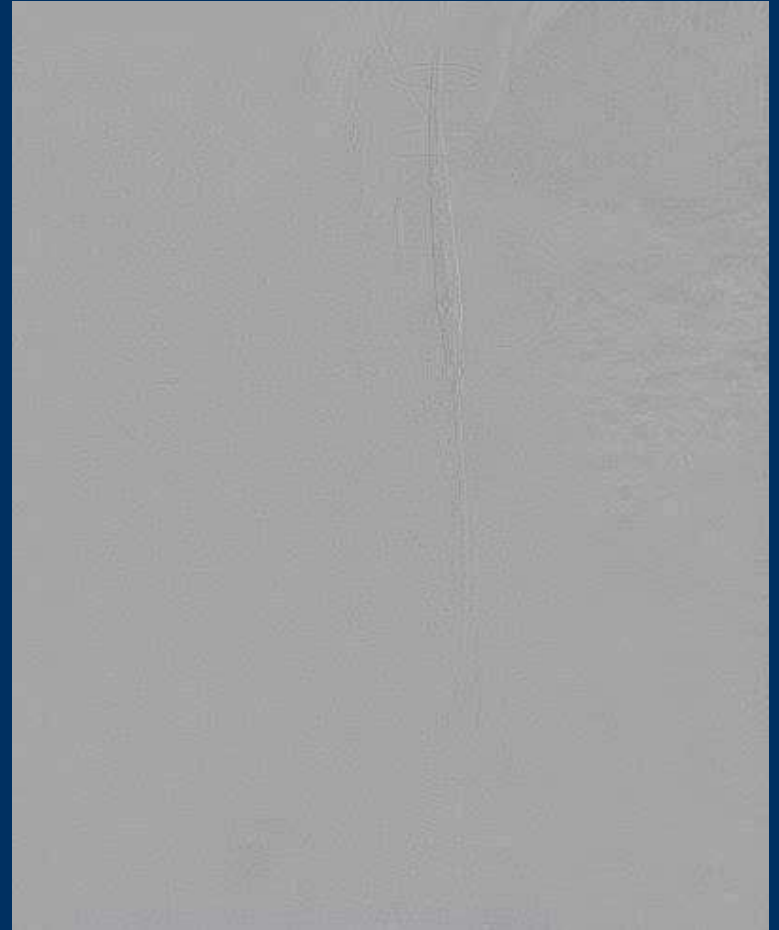
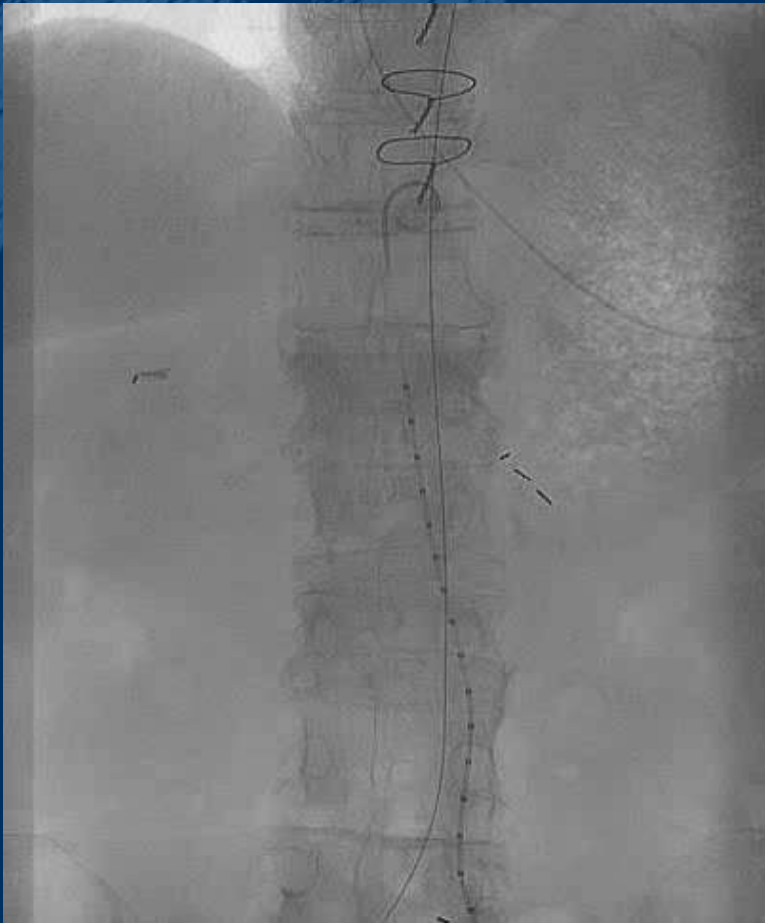
- Female, 77 yrs
- Urgent transfer from St-Elsewhere
- Hemorrhagic shock  
Hematemesis, massive RBPA
- Medical history
  - Aorto-bi-iliac graft -6yrs
  - Pancreatitis – 3 yrs
  - CABG – 2 yrs
  - Diabetes, Hypertension



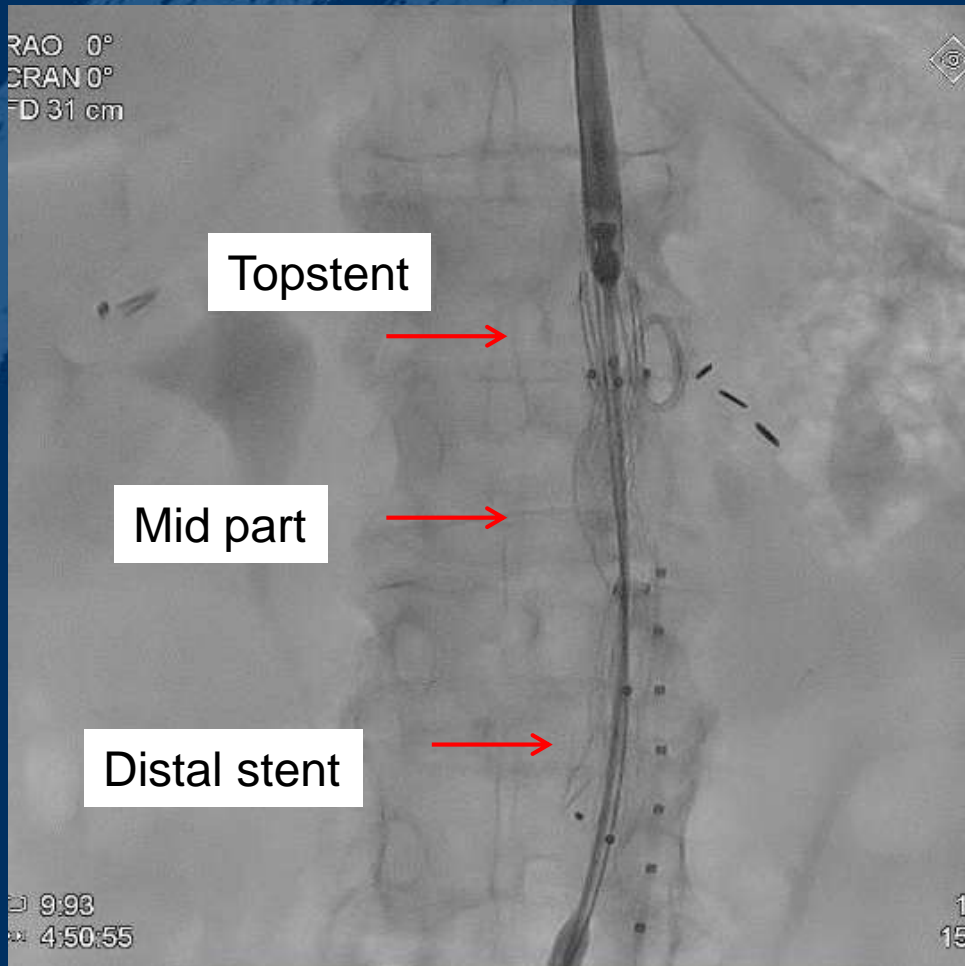
# CT-Angiography



# 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?

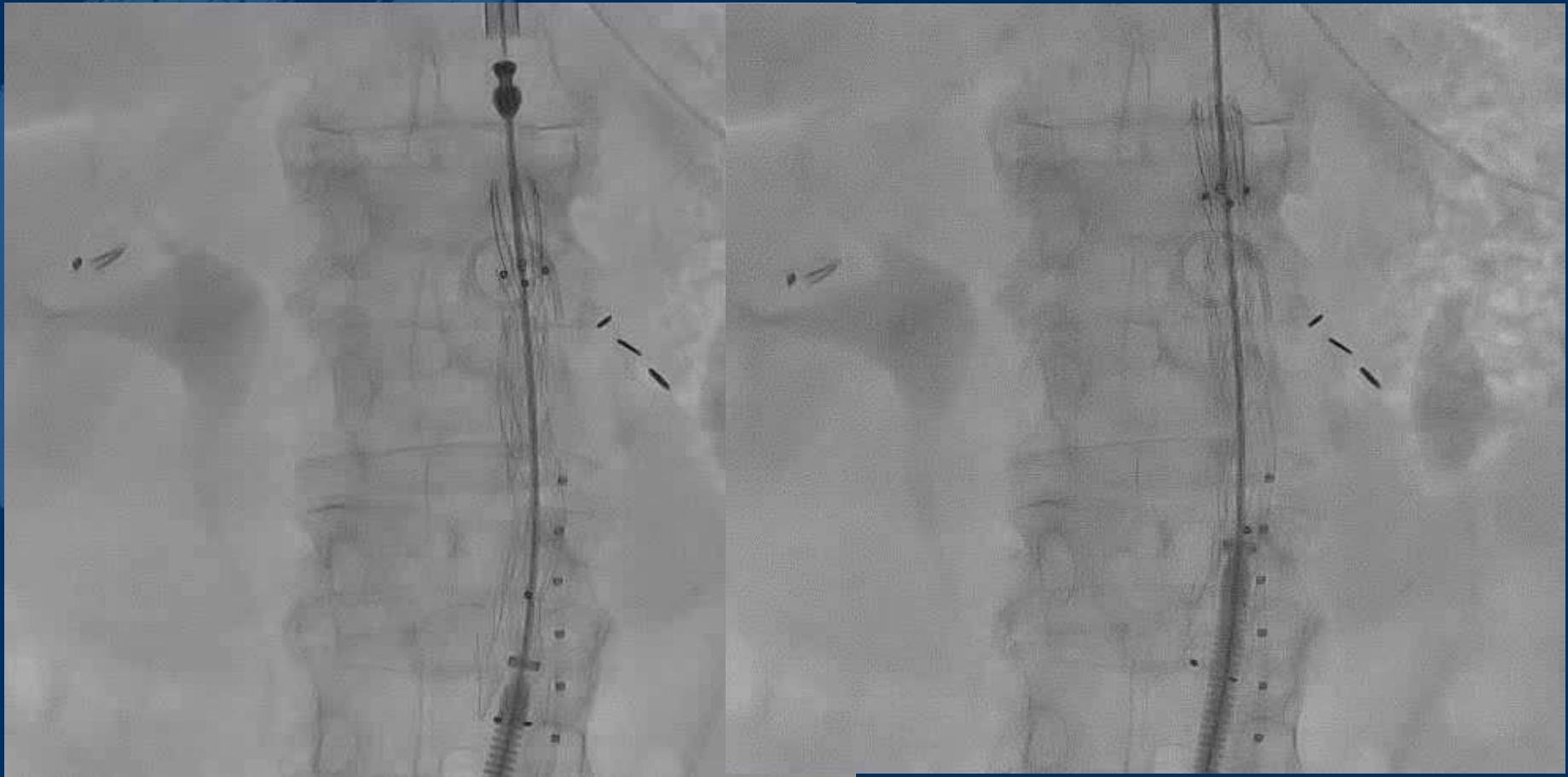
- 1) Perform angiography
- 2) Try to get delivery system out
- 3) Balloon the graft
- 4) Dismantle delivery system
- 5) Convert to open

# Angiography





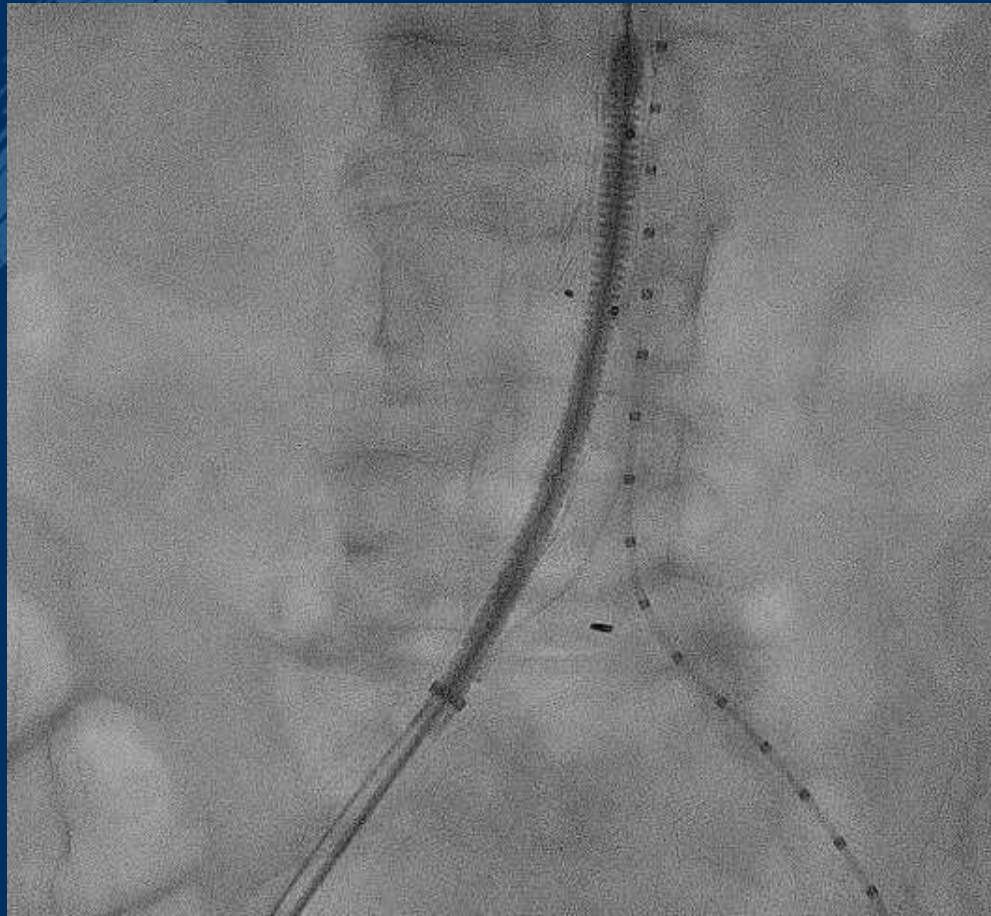
# Mobilisation of delivery system



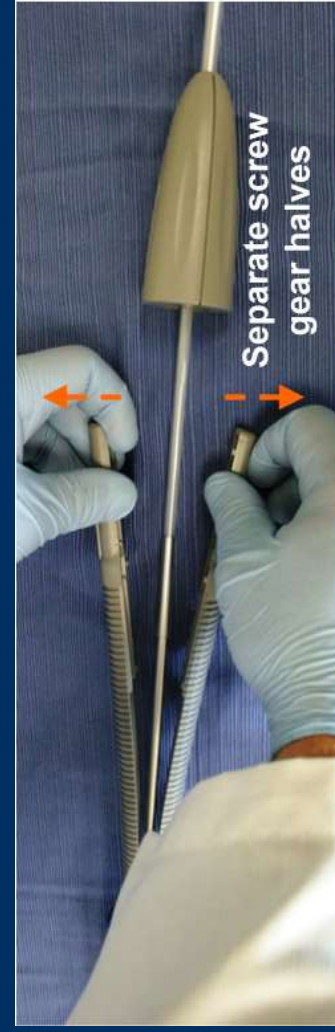
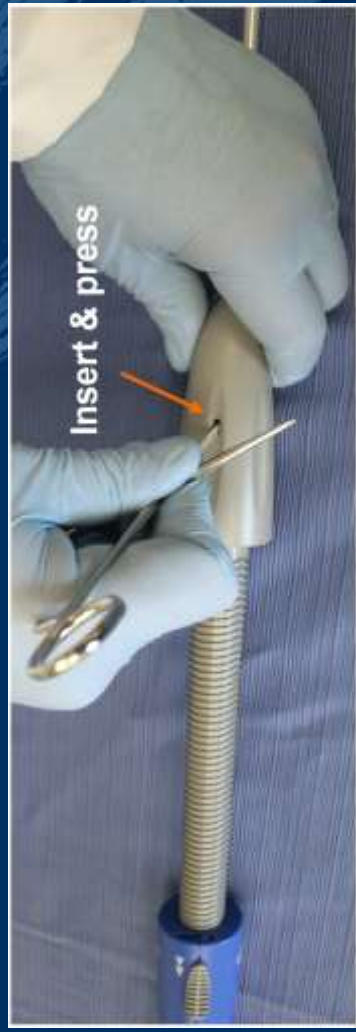
# Angiography through tip



# Catheterisation of endograft through separate puncture



# Dismantling of delivery system



# Wire + balloon through dismantled sheath



# Ballooning of endograft



# What now ?



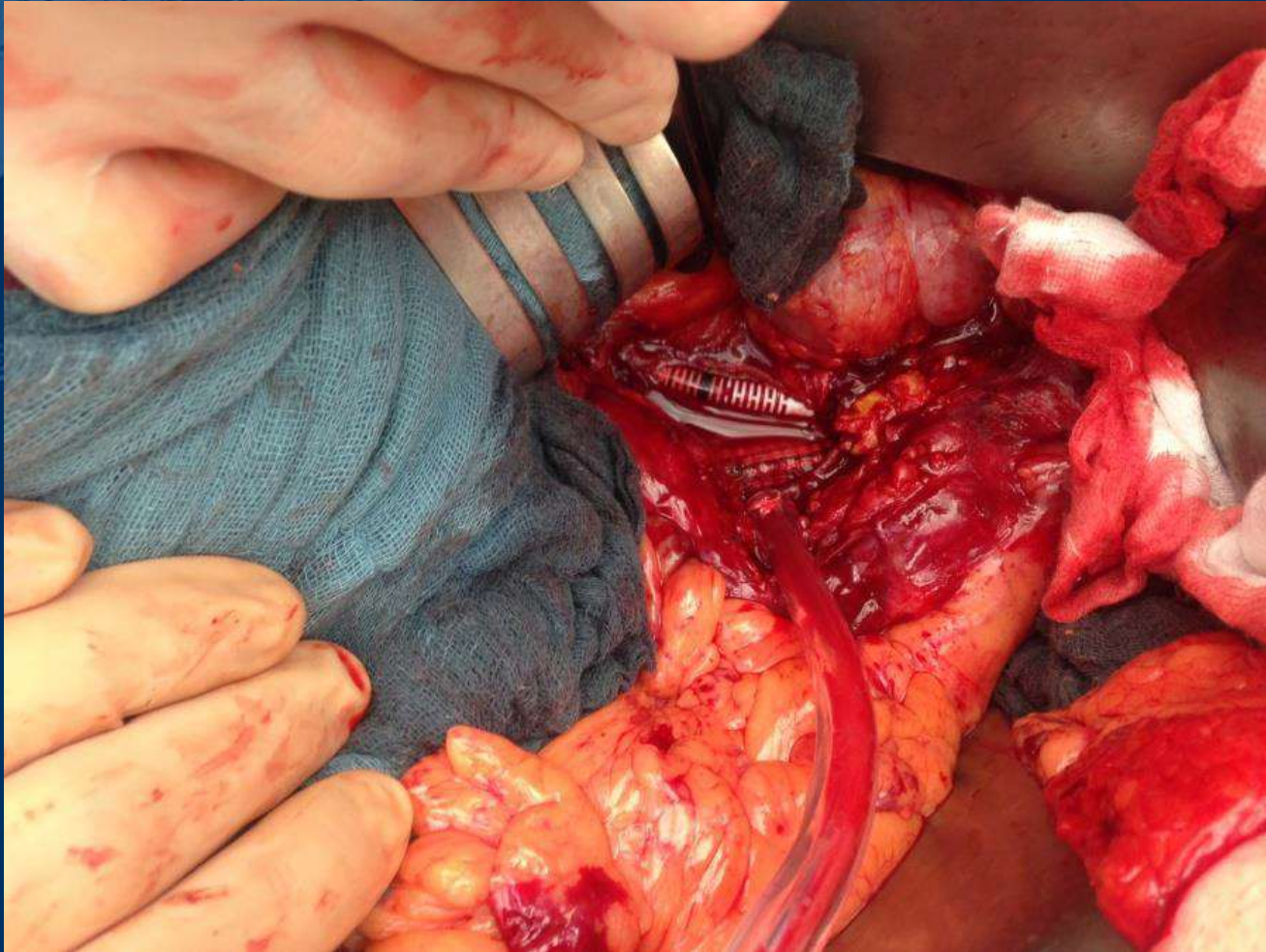
*"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."*

# What would you do?

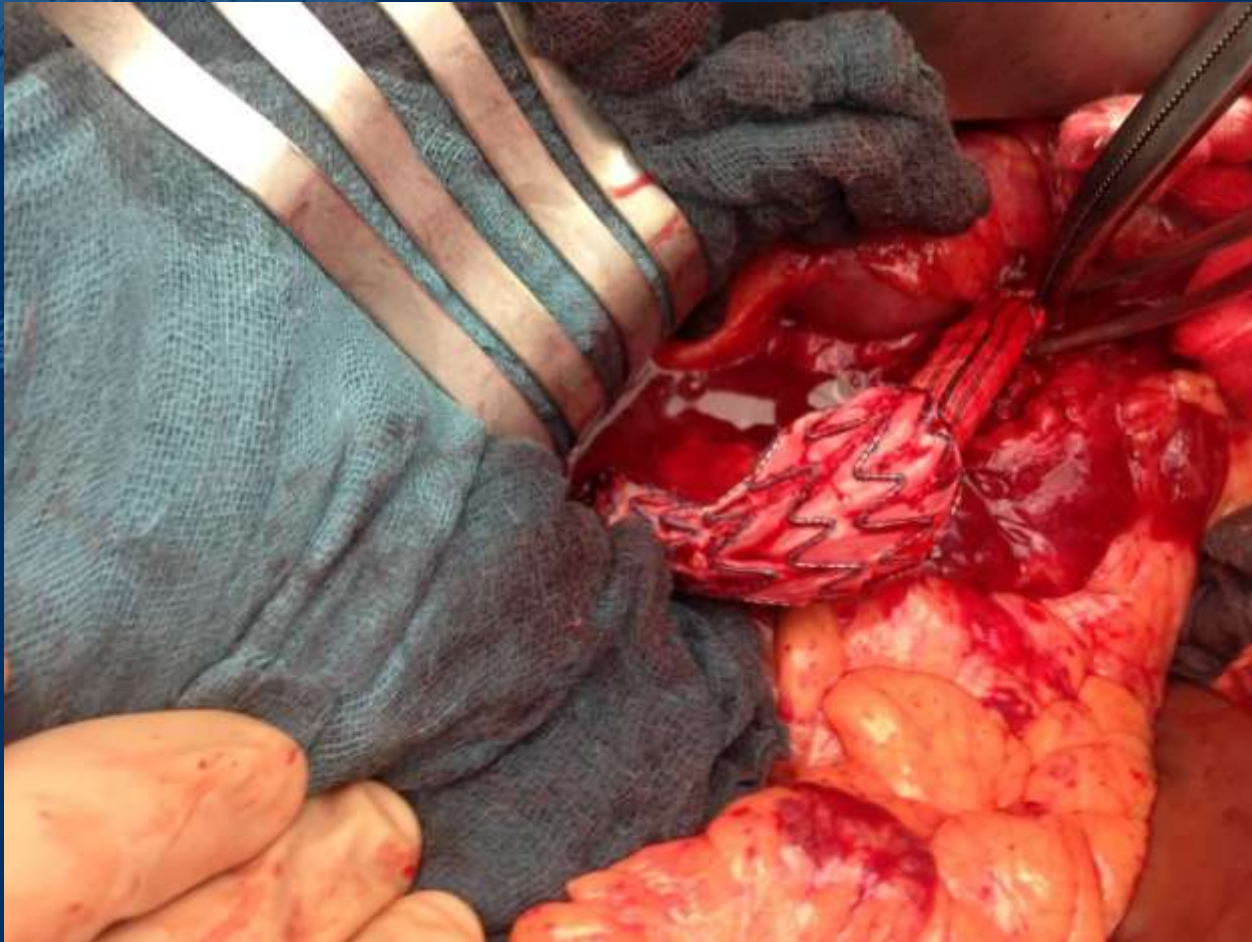
- 1) Pull out everything with force
- 2) Put endoprosthesis through the other side
- 3) Convert to open surgery
- 4) Other suggestion



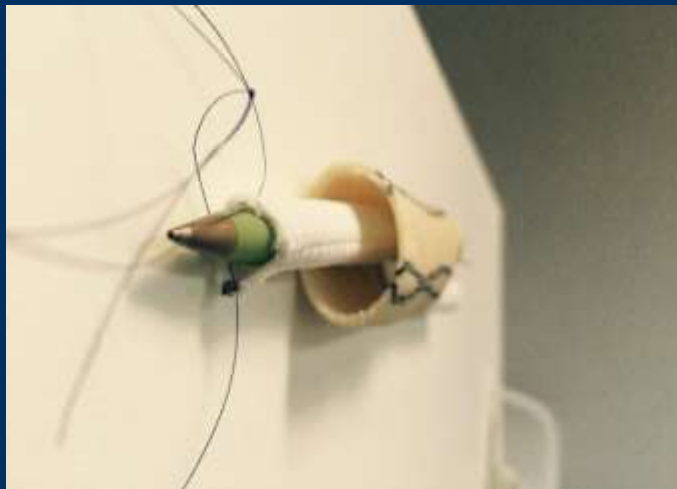
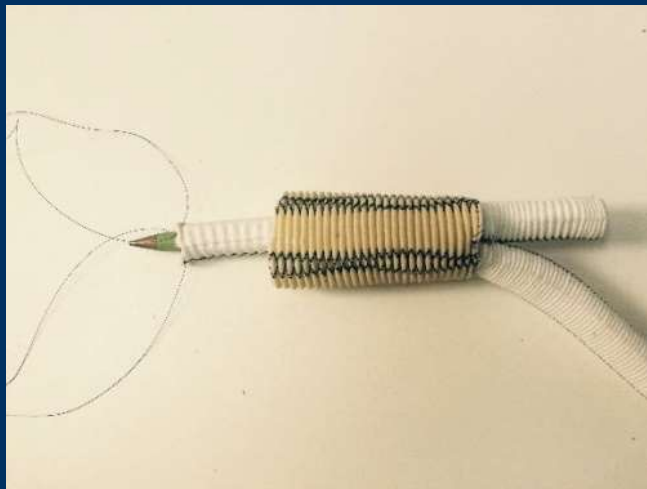
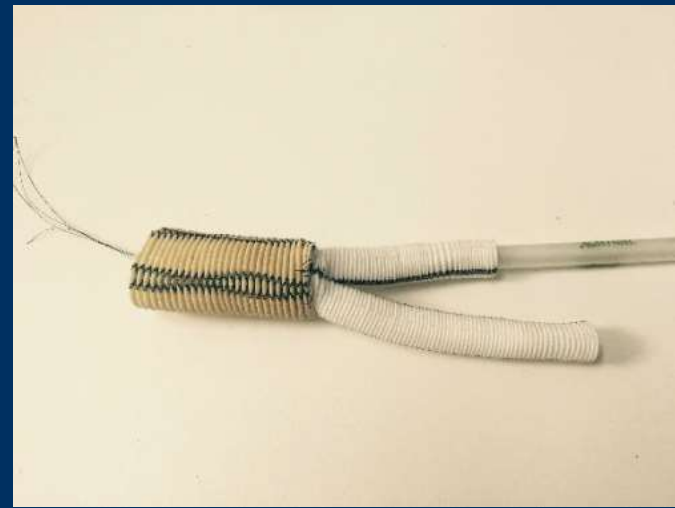
# Conversion



# Conversion

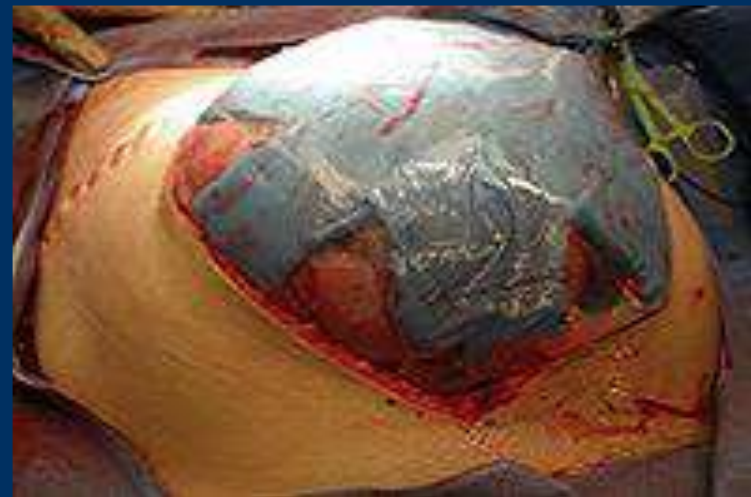


# What happened ?



# 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



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