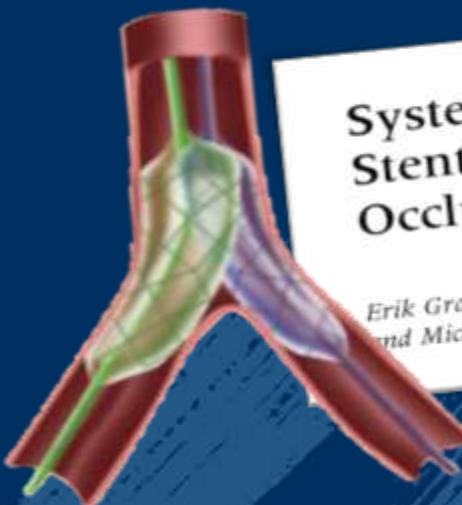


# **AFX IN CONJUNCTION WITH INFERIOR MESENTERIC CHIMNEY: AN OPTION TO THE AORTO-BIFEMORAL BY-PASS IN SEVERE AORTOILIAC OCCLUSIVE DISEASE**

**Serna Martínez, Marta; Herrero Bernabé, Mónica;  
González Pérez, Gonzalo; Jácome Tapia, Xavier;  
Agúndez Gómez, Ignacio**



## Systematic Review of Results of Kissing Stents in the Treatment of Aortoiliac Occlusive Disease


Erik Groot Jebbink,<sup>1,2</sup> Suzanne Holewijn,<sup>1</sup> Cornelis H. Slump,<sup>2</sup> Jan-Willem Lardenoije,<sup>1</sup> and Michel M.P.J. Reijnen,<sup>1</sup> Arnhem and Enschede, The Netherlands

Technical success 98,7%  
Complication rate 10.8%  
Clinical improve. 89,9%  
24m patency: 78,6%

- Technical success 100%
- Complication rate 4%
- 24m patency: 91%

## Increasing efficacy of endovascular recanalization with covered stent graft for TransAtlantic Inter-Society Consensus II D aortoiliac complex occlusion

Daniele Psacharopulo, MD,<sup>a</sup> Emanuele Ferrero, MD,<sup>a</sup> Michelangelo Ferri, MD,<sup>a</sup> Andrea Viazzo, MD,<sup>a</sup> Sandeep Singh Bahia, MBBS,<sup>b</sup> Andrea Trucchi, MD,<sup>c</sup> Fulvio Ricceri, MD,<sup>c</sup> and Franco Nesi, MD,<sup>a</sup> Turin



## Three-year outcome of the covered endovascular reconstruction of the aortic bifurcation technique for aortoiliac occlusive disease

Kim Taeymans, MD,<sup>a</sup> Erik Groot Jebbink, MSc,<sup>b,c</sup> Suzanne Holewijn, PhD,<sup>b</sup> Jasper M. Martens, MD,<sup>d</sup> Michel Versluis, PhD,<sup>e</sup> Peter C. J. M. Coverde, MD,<sup>b</sup> and Michel M. P. J. Reijnen, MD, PhD,<sup>b</sup> Antwerp, Belgium and Arnhem and Enschede, The Netherlands

Technical success 97%  
Complication rate 7%  
Clinical improve. 96%  
24m patency: 82%



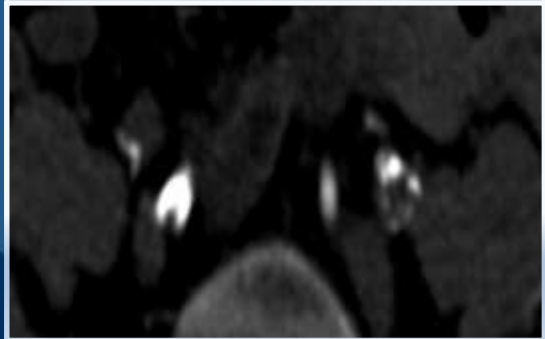
**AFX stent-graft**

**IMACH**

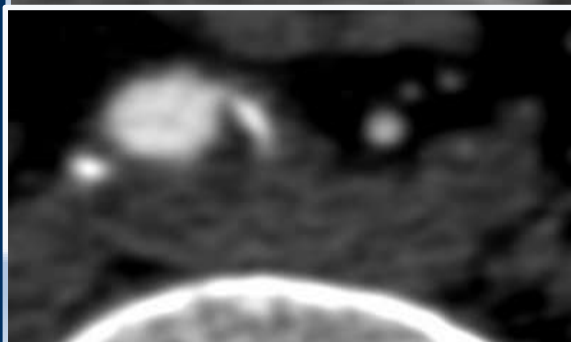
**Colic ischemia**



# Series



65 y  
HTA, smoker  
COPD, stroke  
ABI 0.29

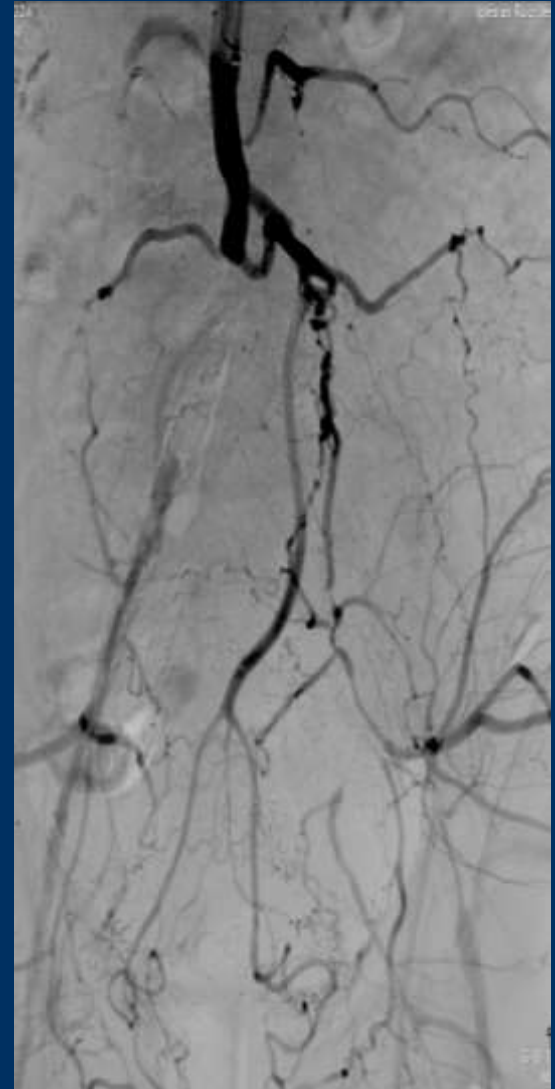
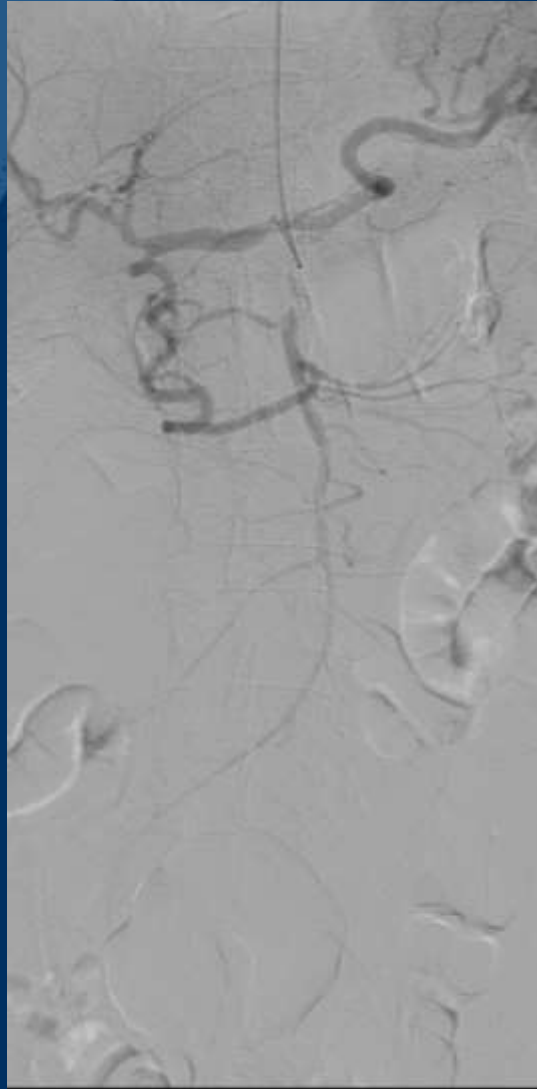


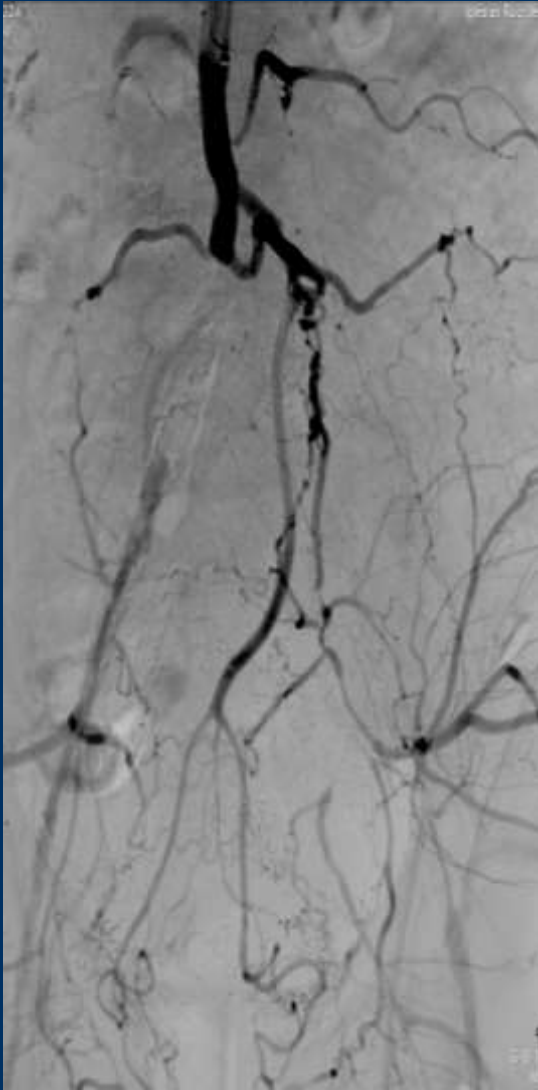
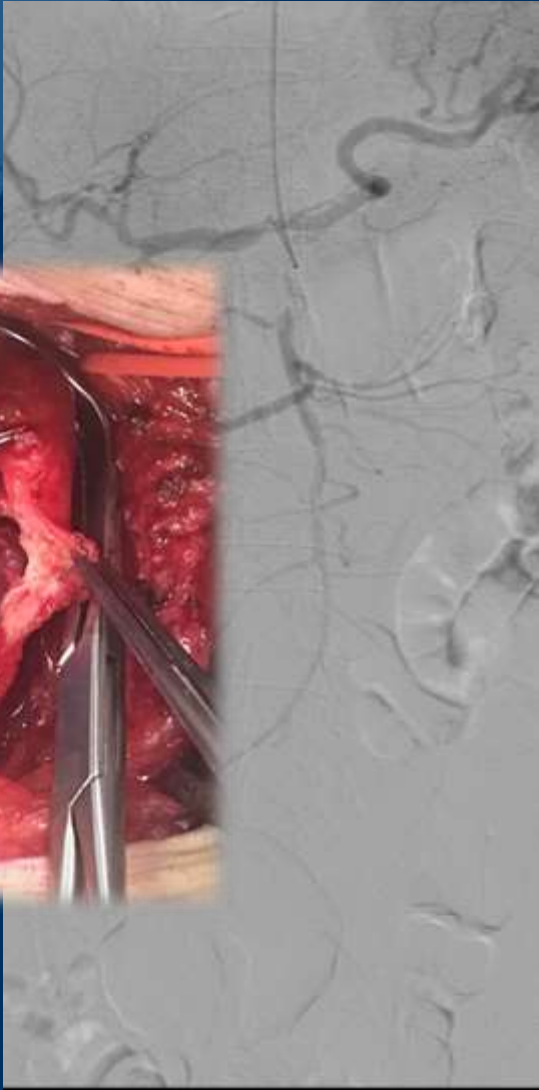
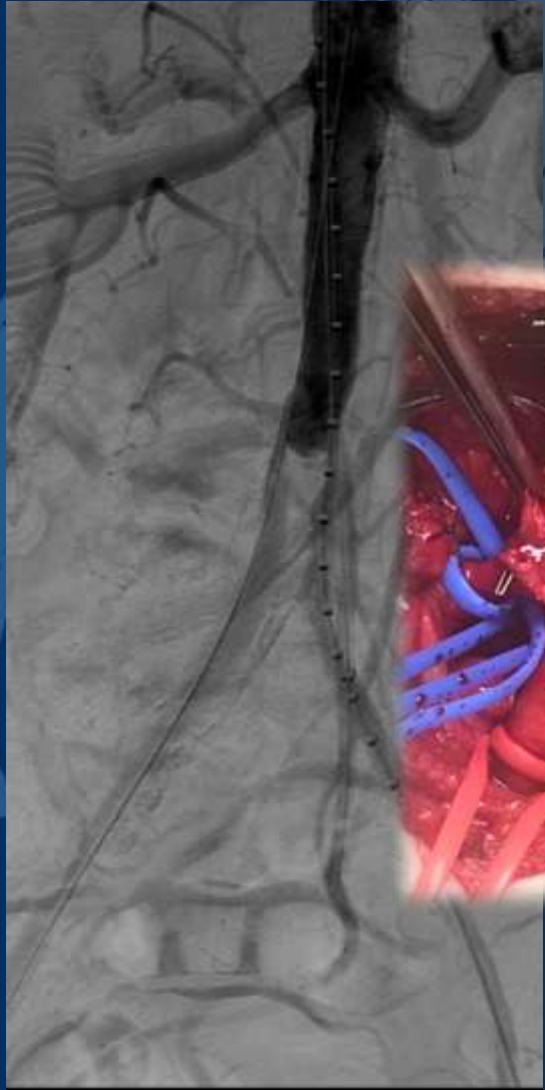
51 y  
HTA, smoker  
Myocardial infarction  
ABI 0.3



62 y  
HTA, ex-smoker  
Colon cancer  
ABI 0.18

# Operating room





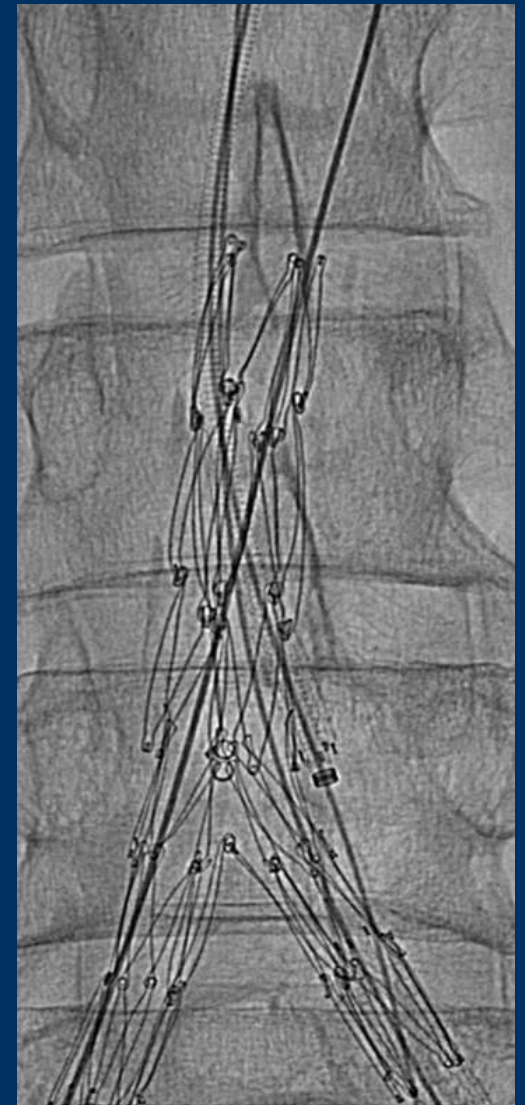




**AFX 22X60X13**



**AFX 22X40X13**



**AFX 22X70X13**

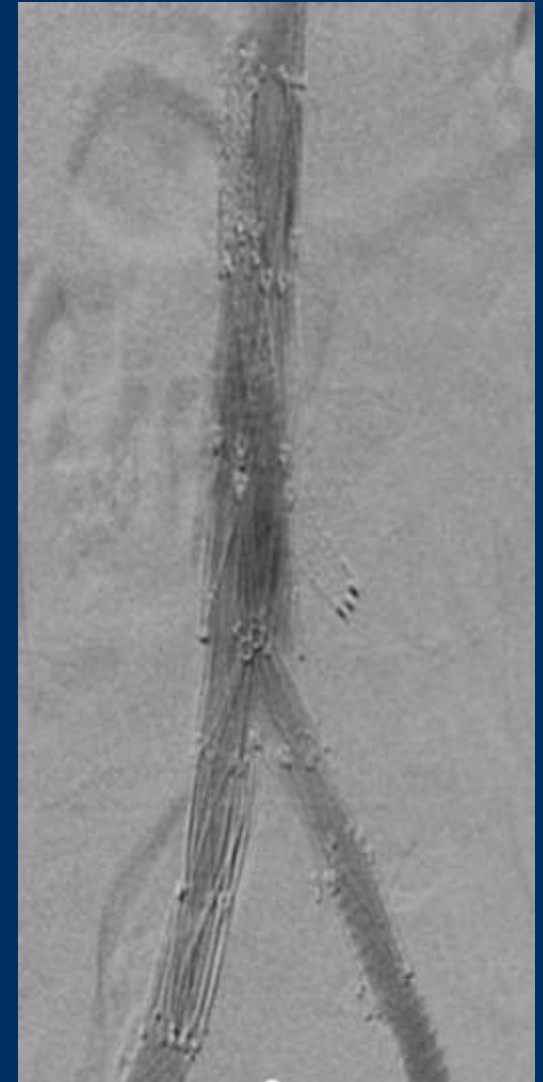




**BeGraft 6x58**



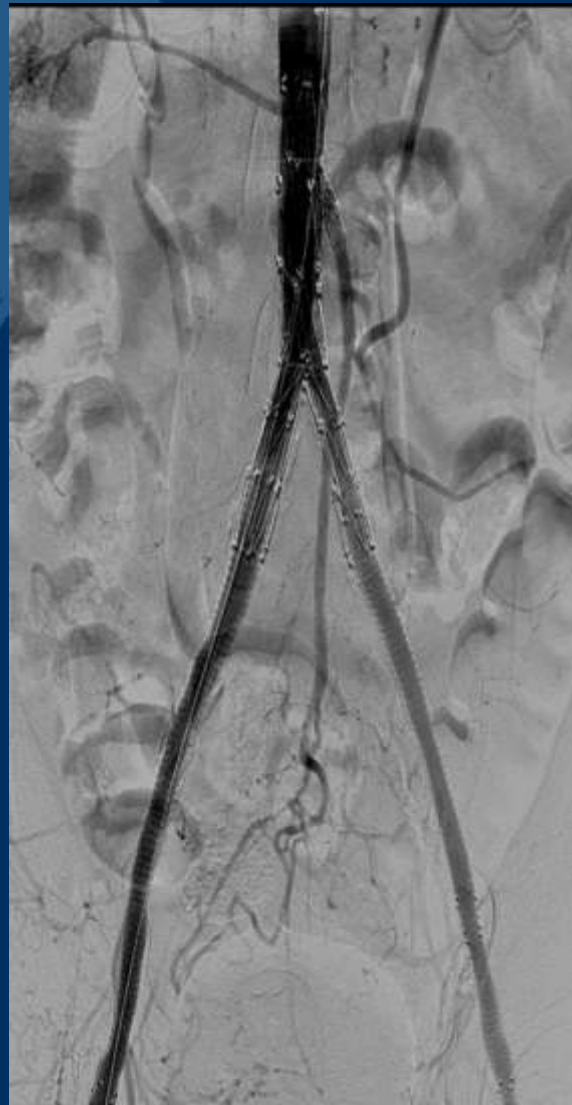
**BeGraft 5x38**



**Viabahn 5x50 +  
BeGraft 5x38**



**2 Viabahn 7x100**



**Viabahn 7x100  
+ 8x150**



**Eluvia 6x150 +  
Viabahn 7x50**



**100% technical success.**



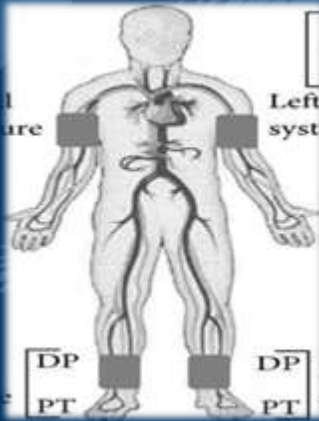
Median procedure time: 390min (250-560)

Median shot time: 48min(26-63)



Median contrast dose: 123cc (80-200)

1 complication → Surgical



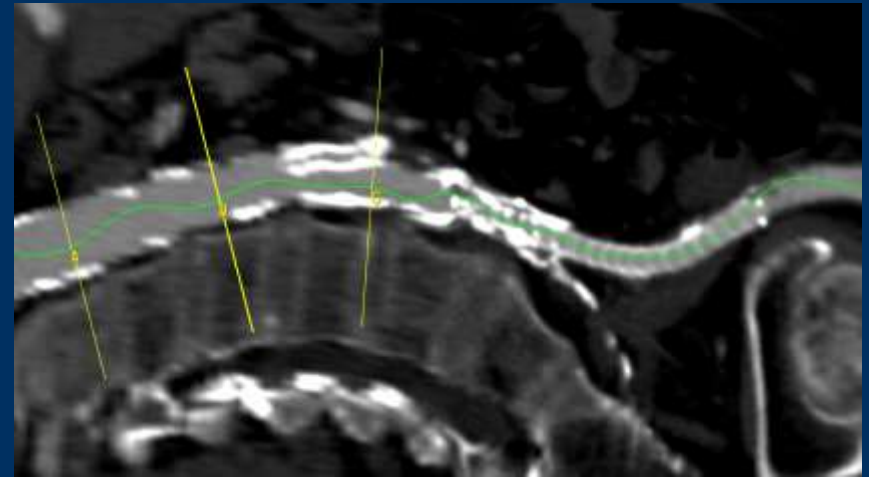
Improvement ABI = 0.57

Median hospital stay = 2.6 days (1-3)



# Follow-up

All asymptomatic  
100% patency  
1 dead



# AFX stent-graft

**Native bifurcation**

**No mismatch**

**Unibody**



## Treatment of Aortoiliac Occlusive Disease with the Endologix AFX Unibody Endograft

T.S. Maldonado <sup>a,\*</sup>, G.G. Westin <sup>a</sup>, O. Jazaeri <sup>b</sup>, M. Mewissen <sup>c</sup>, M.M.P.J. Reijnen <sup>d</sup>, A.J. Dwivedi <sup>e</sup>, H.E. Garrett, Jr. <sup>f</sup>, A. Dias Perera <sup>g</sup>, T. Shimshak <sup>h</sup>, V. Mantese <sup>i</sup>, C.J. Smolock <sup>j</sup>, Z.M. Arthurs <sup>k</sup>

**Results:** Sixty-seven patients (74%) presented with lifestyle-limiting intermittent claudication and the remaining 24 (26%) had critical limb ischemia. Technical success was 100%. Complications included groin infection ( $n = 4$  [4%]), groin hematoma ( $n = 4$  [4%]), common iliac rupture ( $n = 4$  [4%]), iliac dissection ( $n = 4$  [4%]), and thromboembolic event ( $n = 3$  [3%]; one femoral, one internal iliac artery, and one internal iliac with bilateral popliteal/tibial thromboemboli). Thirty-day mortality was 1% (1/91) resulting from a case of extensive pelvic thromboembolism. At 1 year, 73% of patients experienced improvement in Rutherford stage of  $-3$  or greater compared with baseline. Nine patients (10%) required 16 secondary interventions. At all time points, primary patency rates were  $> 90\%$ , assisted patency rates were  $> 98\%$ , and secondary patency rates were 100%.

**Conclusion:** This is the largest study to examine the use of the Endologix AFX unibody stent-graft for the treatment of AIOD. Use of the AFX stent-graft appears to be a safe and effective endovascular treatment for complex AIOD.



## Chimney Endovascular Reconstruction of the Aortic Bifurcation (Ch-ERAB) for Aorto-iliac Occlusive Disease Allows Inferior Mesenteric Arterial Preservation

A. Chaudhuri<sup>\*</sup>, R. Dey

Bedfordshire—Milton Keynes Vascular Centre, Bedford Hospital NHS Trust, Bedford, UK

- Technical success 100%
- Complication rate 4%
- 1 CERAB limb + 1 Ch-IMA occlusion
- Clinical improvement 100%

## Initial Experience With Covered Endovascular Reconstruction of the Aortic Bifurcation in Conjunction With Chimney Grafts

Martijn L. Dijkstra, MD<sup>1,2</sup>, Peter C. J. M. Goverde, MD, PhD<sup>3</sup>, Andrew Holden, MBChB, FRANZCR, EBIR<sup>4</sup>, Clark J. Zeebregts, MD, PhD<sup>2</sup>, and Michel M. P. J. Reijnen, MD, PhD<sup>1</sup>

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DOI: 10.1177/  
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SAGE

- Technical success 100%
- No complications
- Clinical improvement 100%



# Conclusion

Safe

Effective

New devices



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