What do you do with a patient having a AAA with unilateral groin access and a very high risk of general anesthesia?
INVESTIGATOR IN THE FIRST IN MEN, CE MARK CLINICAL STUDIES
COMMON SITUATIONS FOR UNILATERAL ACCESS

What to do for a really LOW INVASIVE PROCEDURE in high risk patient?

- STENOSIS, SEVERE CALCIFICATION, KINKS, OCCLUSIONS OF ONE ILIAC AXIS
- GROIN INFECTION
- STOMA CLOSE TO THE GROIN
Patient with:
chronic occluded external iliac artery with good distal perfusion in very high risk patient

- A 62 years old male
- Abdominal Aortic Aneurysm 5.8 CM.
- No Claudication
- COPD
- Chronic pancreatitis from alcohol abuse
- Gastric-resection on March 09 2014
- Previous cholecystectomy and bile duct-duodenal anastomosis.
ATTEMPT OF EXTERNAL ILIAC RECANALIZATION:
- Risk of failure
- Risk of occlusion of hypogastric ostium

LEFT AORTO UNILIAC EG WITH EXCLUSION OF COMMON ILIAC.
- Impairment of right hypogastic-femoral collateral vessels
- fem.-fem bypass mandatory – general anaesthesia
- Type II Endoleak for hypogastric retrograde flow
2 ALTERNATIVES FOR HYPOGASTRIC PRESERVATION

OPTION A – Dual Access

A CONVENTIONAL BIFURCATED MODULAR GRAFT FROM LEFT GROIN COMPLETED WITH AN EXTENSION FOR THE RIGHT COMMON ILIAC USING OMERAL/AXILLARY APPROACH

OPTION B – Single Access

A BIFURCATED ENDOGRAFT DEPLOYED FROM A SINGLE ACCESS
OPTION A – Dual Access

- CALIBER AND LENGTH OF THE DELIVERY SYSTEM
- INCREASED INVASIVENESS*
- SUBSTANTIAL COMPLEXITY

*too short and too large profile - dedicated devices for AAA EG limb extension (Advanta 7-12F, Viabhan 6-12 F, Fluency 8-10F. availability)
OPTION B – Single Access – The Ideal Solution!!!

THE ENDOSPAN PROPOSAL: THE HORIZON™ STENT GRAFT SYSTEM

**Module I**
Iliac to Iliac bridging base limb, with fenestration to the aortic trunk

Ø [mm] – 12,14,16,18/21
L [mm] – 105,125

**Module II**
Distal aortic neck

Ø [mm] – 24
L [mm] – 75,87

**Module III**
Proximal aortic neck, with partially exposed supra-renal crown

Ø [mm] – 22/26, 25,28,31/28
L [mm] – 78,90

Single side access, 14Fr. for all Modules with Telescopic Modular Deployment
Connections are more secure, providing reliable prevention of detachment and/or Type III endoleaks.

Suprarenal active fixation and support on Aorto-iliac bifurcation reduces risk of migration.

Facilitates easy future contra lateral intervention.

Delivery system crossing profile of all modules – 14 Fr.

Preservation of natural iliac bifurcation

Dual Fixation

Hourglass in Gateway
THE PROCEDURE

- Overall procedure time (skin to skin): 120 minutes
- Two introducers were inserted into the left groin:
  - 14Fr. (for the HORIZON™ System)
  - 5Fr. (for the contrast injection)
- The three modules were accurately deployed and positioned under the lower renal artery
- Implantation time: 60 minutes
- Contrast media volume: 120 ml
- Overall fluoroscopy time: 46.25 minutes
PROCEDURAL OUTCOME
2 MONTHS FOLLOW UP CTA
In case of ext. iliac occlusion the recanalization may be beneficial

AUI + fem.-fem. bypass remains the best choice in case of common iliac artery occlusion

In many other situations, especially in compensate occlusion of the external iliac artery, the Horizon™ represents a lower invasive and more appealing procedure
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