Iliac branched devices – is it a durable solution?

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Disclosure

Speaker name:

........................ G. Panuccio............................................

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☒ Honoraria and Travel Cost: Siemens

☐ I do not have any potential conflict of interest
10-Y Experience With IBD for HA Revascularization During EVAR


176 pt were treated with 210 IBD`s:
(Mean age 71±8 Y, 167 (95%) male)

Iliac branched device (IBD)
ZBIS - COOK®

45 / 61 mm
41 / 58 mm
10 / 12 mm
10-Y Experience With IBD for HA Revascularization During EVAR


176 pt were treated with 210 IBD`s:

(Mean age 71±8 Y, 167 (95%) male)
10-Y Experience With IBD for HA Revascularization During EVAR

Common iliac aneurysm (IFU):

OP-time about 45 min
### Results @ 30 days

<table>
<thead>
<tr>
<th></th>
<th>N=176</th>
</tr>
</thead>
<tbody>
<tr>
<td>30d Mortality</td>
<td>1 (0.6%)</td>
</tr>
<tr>
<td>Reintervention</td>
<td>11 (6.3%)</td>
</tr>
</tbody>
</table>
10-Y Experience With IBD for HA Revascularization During EVAR

Long term results

Primary Patency

- Hypogastric branch occlusion: 14 (8.2%)
- IBD occlusion: 2 (1.1%)

~90% @ 5 Years
10-Y Experience With IBD for HA Revascularization During EVAR

Follow-up results (Median FU 20.1 month (IQR 4.2-49.6)

No aneurysm related death

<table>
<thead>
<tr>
<th>Reintervention</th>
<th>N=176</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reintervention</td>
<td>40 (22.7%)</td>
</tr>
<tr>
<td>Type 1b / 3 EL</td>
<td>13 (7.3%)</td>
</tr>
<tr>
<td>Conversion to OR</td>
<td>2 (1.1%)</td>
</tr>
</tbody>
</table>
1 Year after the procedure

Type 1b Endoleak

3 Year after the procedure

Type 2 Endoleak

Extension

48.7 mm

65.4 mm

S: 25% (vs. 48.7 mm)
Since 2010 Involvement of IIA

22 IBDs + BECS + SECS (Mean FU 8.3 M.)
No Type 1 or 3 EL
Only one branch occlusion
10-Y Experience With IBD for HA Revascularization During EVAR

Pitfall: Kinking and Coiling
10-Y Experience With IBD for HA Revascularization During EVAR

Pitfall: Kinking and Coiling

Intra op

2 months

Z flex technology
Conclusion

IBD-EVAR

is a durable repair and avoids buttck claudication and erectile dysfunction.

Good distal sealing is necessary combination of BE-and SE-bridging stentgrafts simultaneous embolization is needed

Severe coiling and kinking of the iliac arteries can be a problem.
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