

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
**CONTROVERSIES & UPDATES
IN VASCULAR SURGERY**

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MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

PARIS, FRANCE

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**Trompes d'éléphants «Frozen»
le 2^{ème} temps, un 2^{ème} challenge!**

Disclosure

Speaker name: CHAUFOUR Xavier

☐ I have the following potential conflicts of interest to report:

☐ Consulting Cook , Vascutek



Hôpitaux de Toulouse



Université
Paul Sabatier
TOULOUSE III

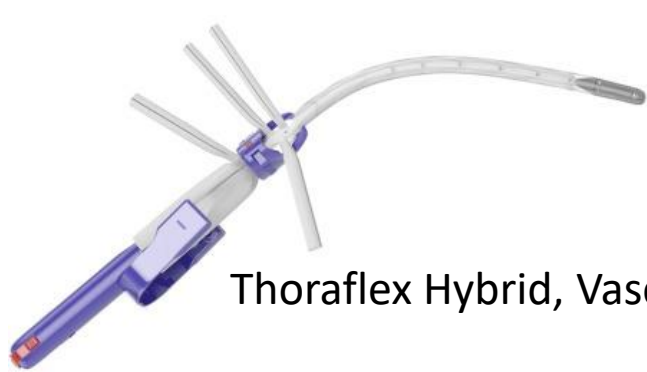
Trompes d'éléphants «Frozen» le 2^{ème} temps, un 2^{ème} challenge!

Xavier Chaufour

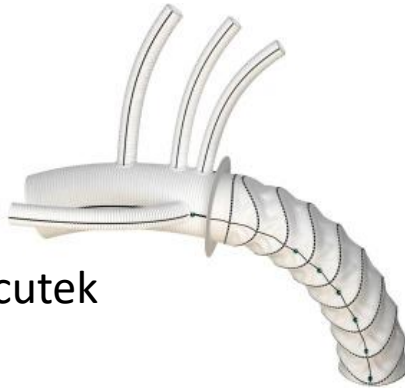
Bertrant Marcheix



Available FET Devices



Thoraflex Hybrid, Vascutek



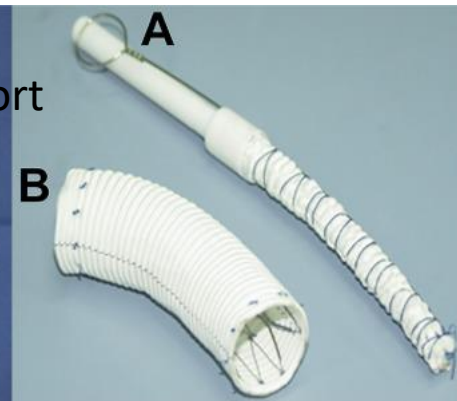
J Graft Open, Japan Lifeline



E-vita Open Plus, Jotec



Cromus, Microport

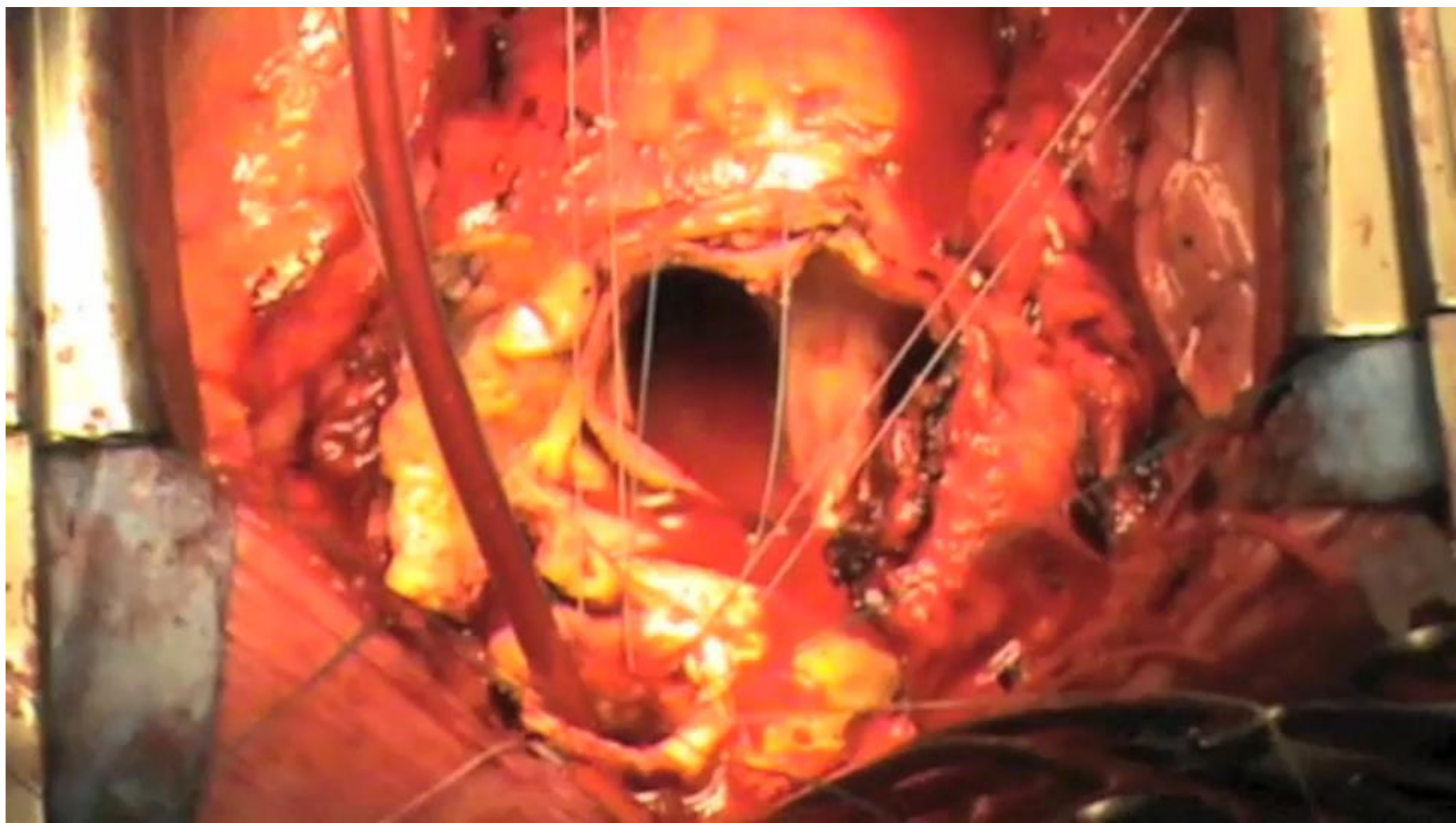


FET - CHU Toulouse : 01/2014 – 11/2017



N patients	61
Ratio H/F	45 / 16
Age	59,9 ± 8,5
Aneurysm	22
Acute Type A	24
Chronic Type B	15
Redo	11
Aortic Root	19

- Right axillary artery canulation
- Moderate Hypothermia (25-28°C)
- Short circulatory arrest
- Selective antegrade cerebral perfusion
- NIRS monitoring
- Continuous retrograde cardioplegia



FET - CHU Toulouse : 01/2014 – 11/2017

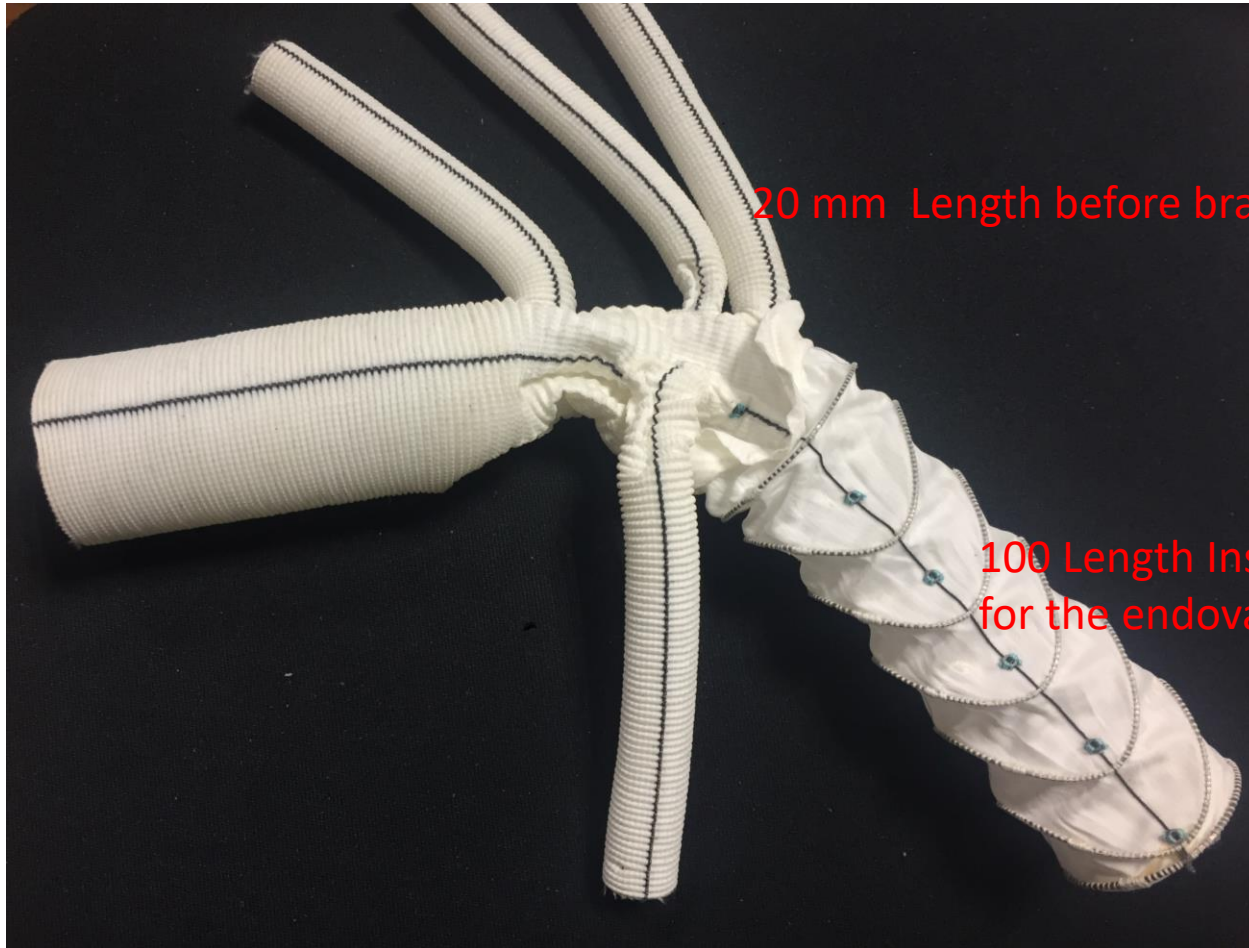
Mortality	6 (9,8%)
Stroke	5 (8,2%)
Spinal Cord Injury	2 (3,3%)
Transient Renal Failure	14 (22,9%)
Ventilation > 24h	20 (32,8%)
Recurrent Nerve Injury	15 (24,6%)

Circulatory Arrest	11,5	+/- 7,6
Antegrade cerebral perfusion	62,3	+/- 11
Cross clamp	110,9	+/- 47,1
Cardiopulmonary bypass,	197,5	+/- 50,5

FET + TEVAR Or FEVAR

Follow up	349	+/- 243d
Secondary TEVAR	6	
Secondary TAA	1	
Secondary FEVAR	2	

Helpfull Tricks with FET



20 mm Length before branch anastomosis

100 Length Instead of 150 mm preferred
for the endovascular graft of FET

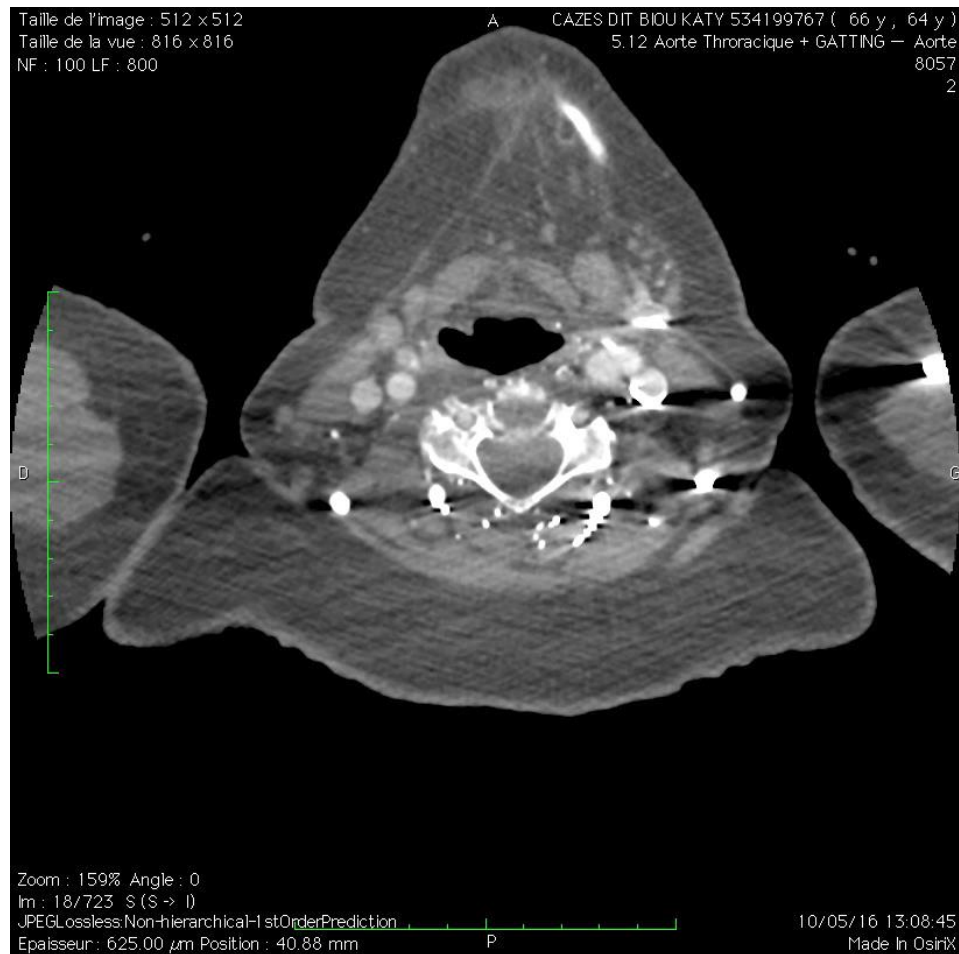
Enough Guide Wire Support for TEVAR Procedure



Step Procedures

- No full aortic repair in once
- Step procedure
- Short length for the endovascular graft FET repair
- Distal fixation achieved by secondary procedure
- By TEVAR or/and FEVAR
- Lower the risk of paraplegia

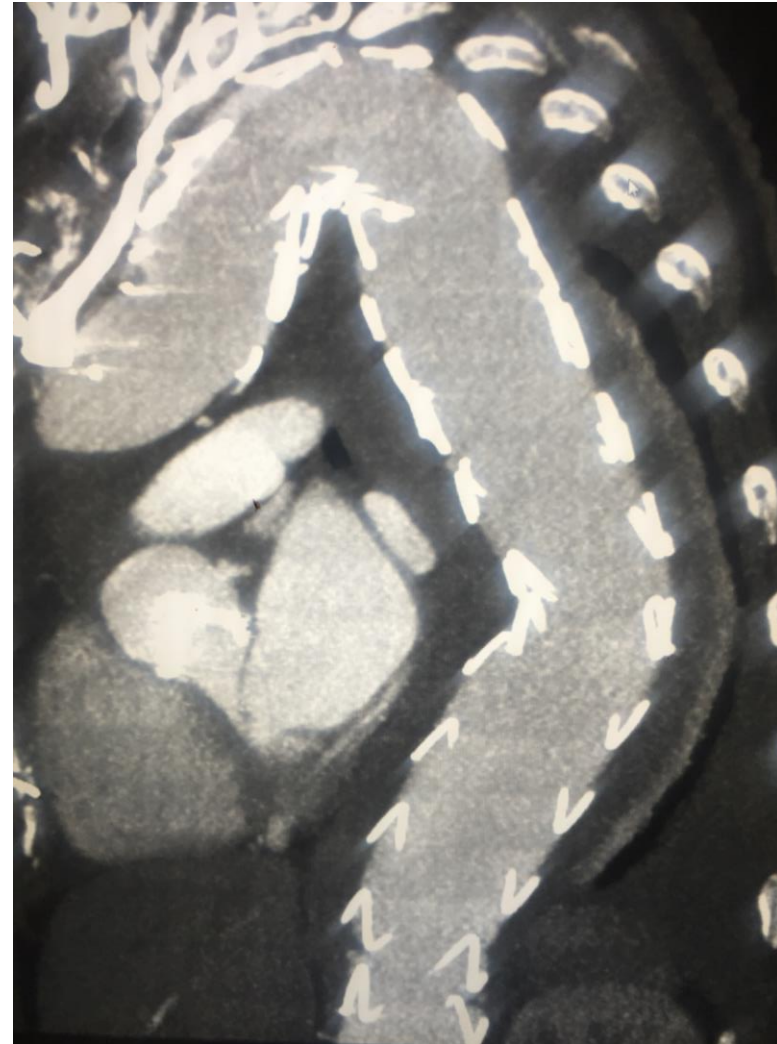
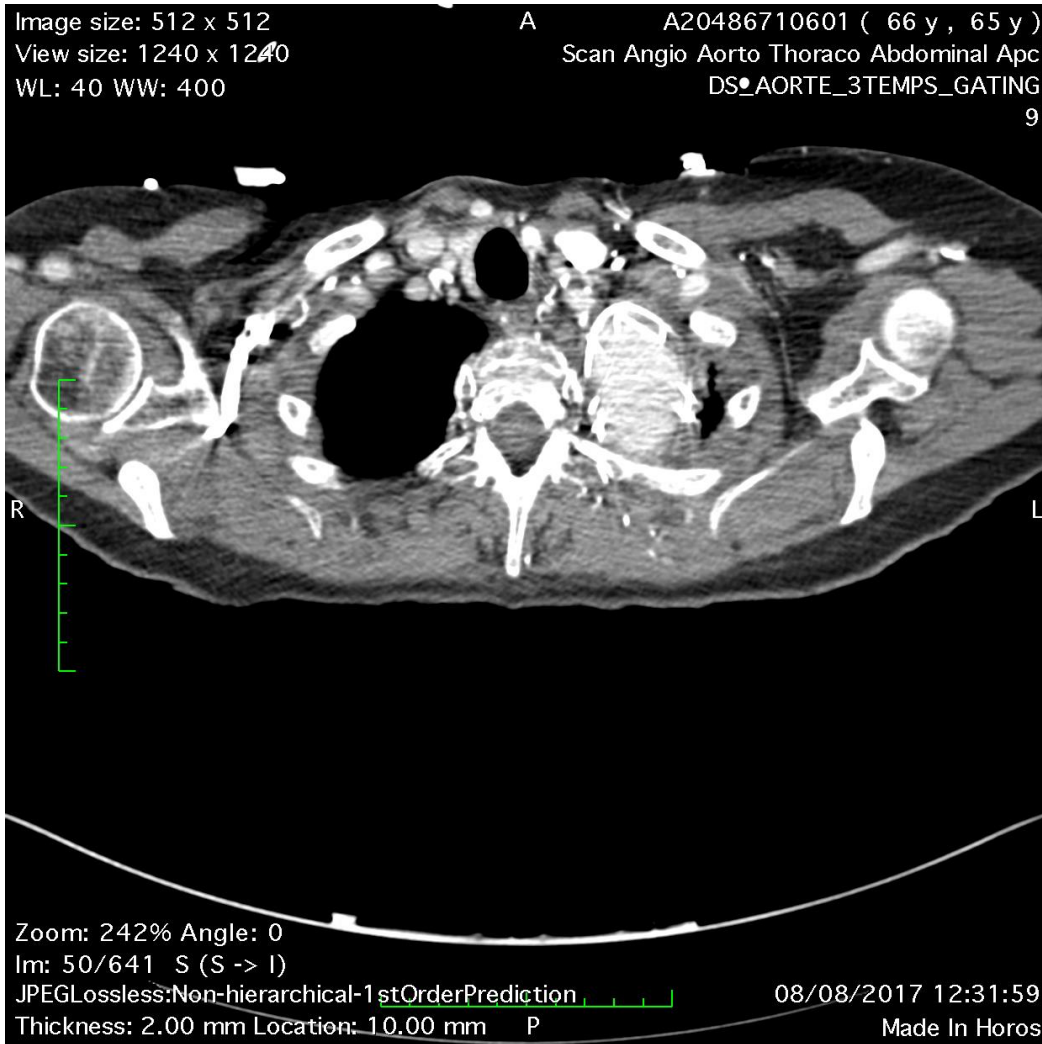
CT in May 2016



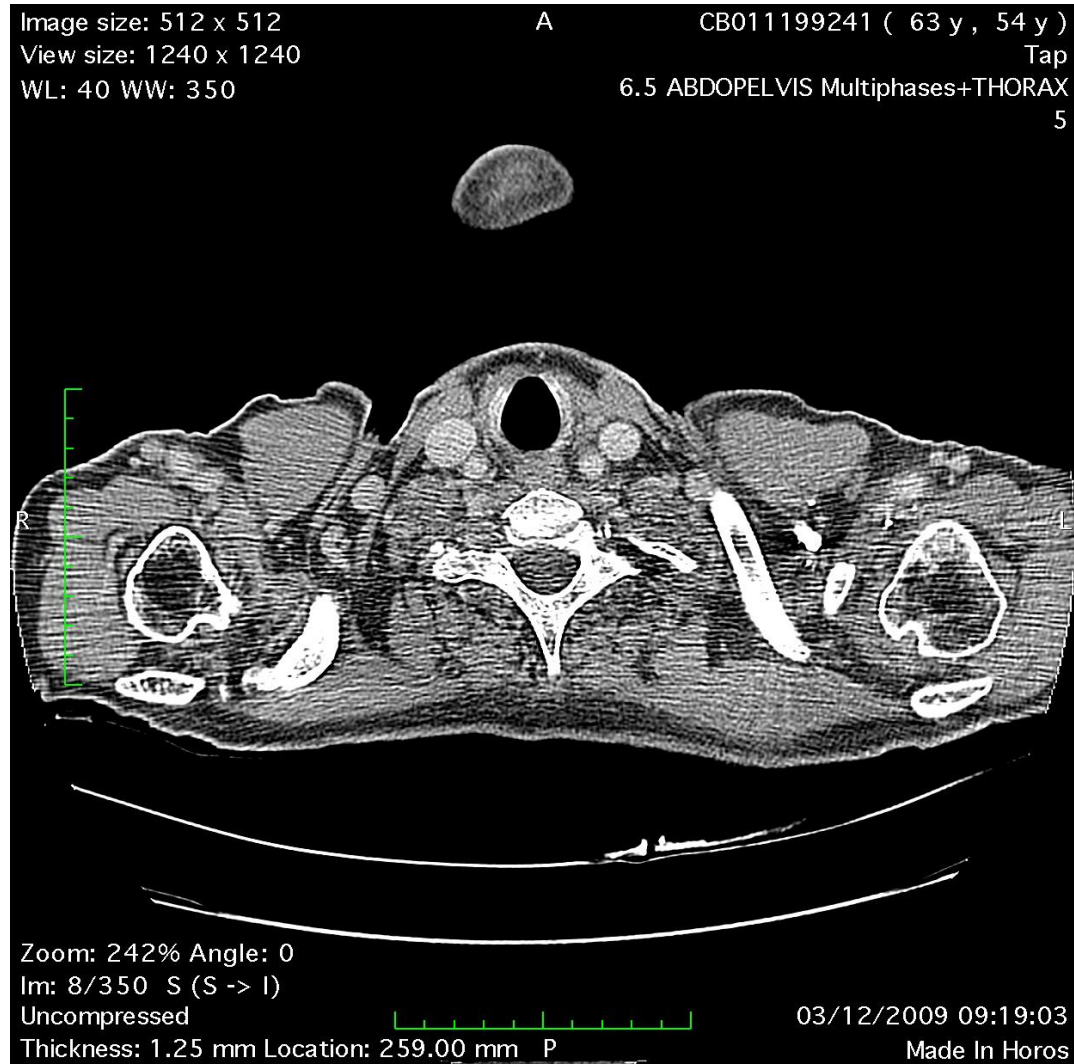
CT Nov 2016 after Thoraflex FET



CT Aug 2017- 6 months after TEVAR



Horton Disease diagnosed in 2009

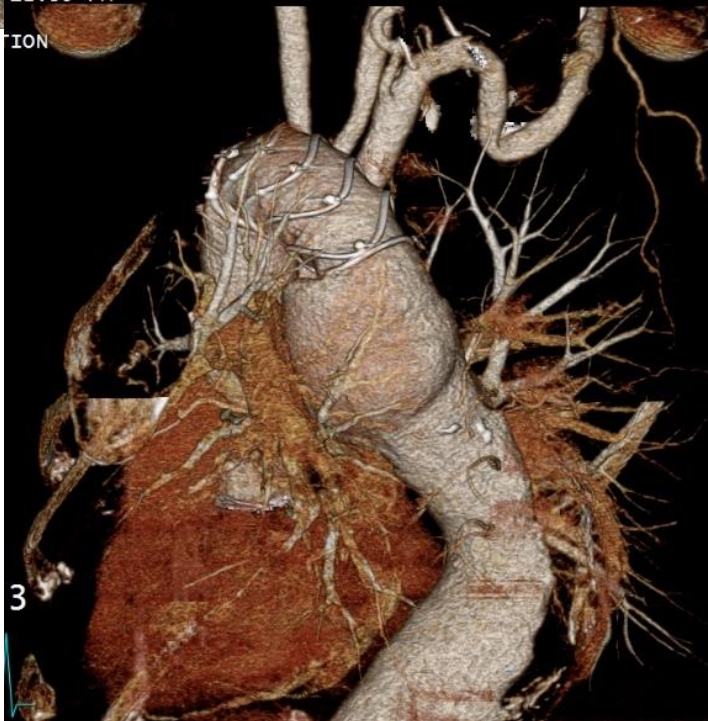
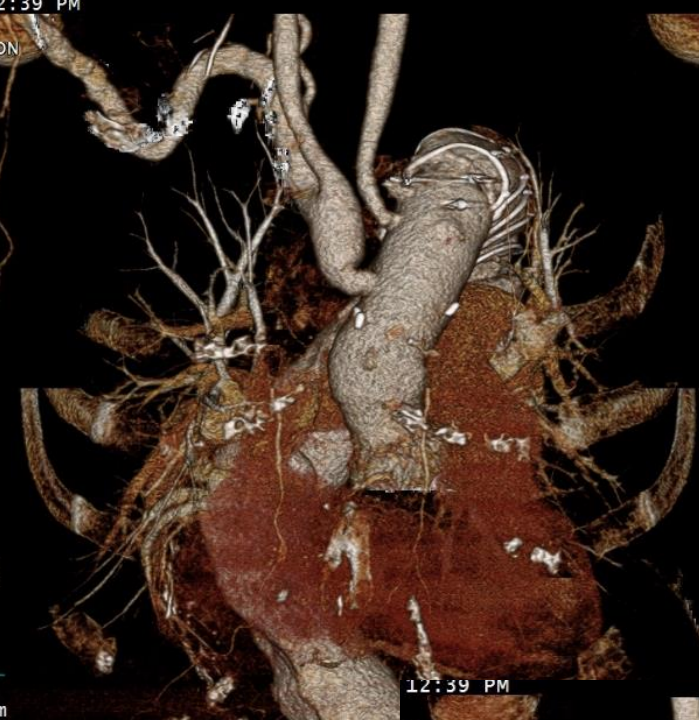


Bentall in 2014

CT in September 2016



Thoraflex FET Repair in Dec 2016



CT post TEVAR in March 2017



CT post 4 FEVAR in July 2017

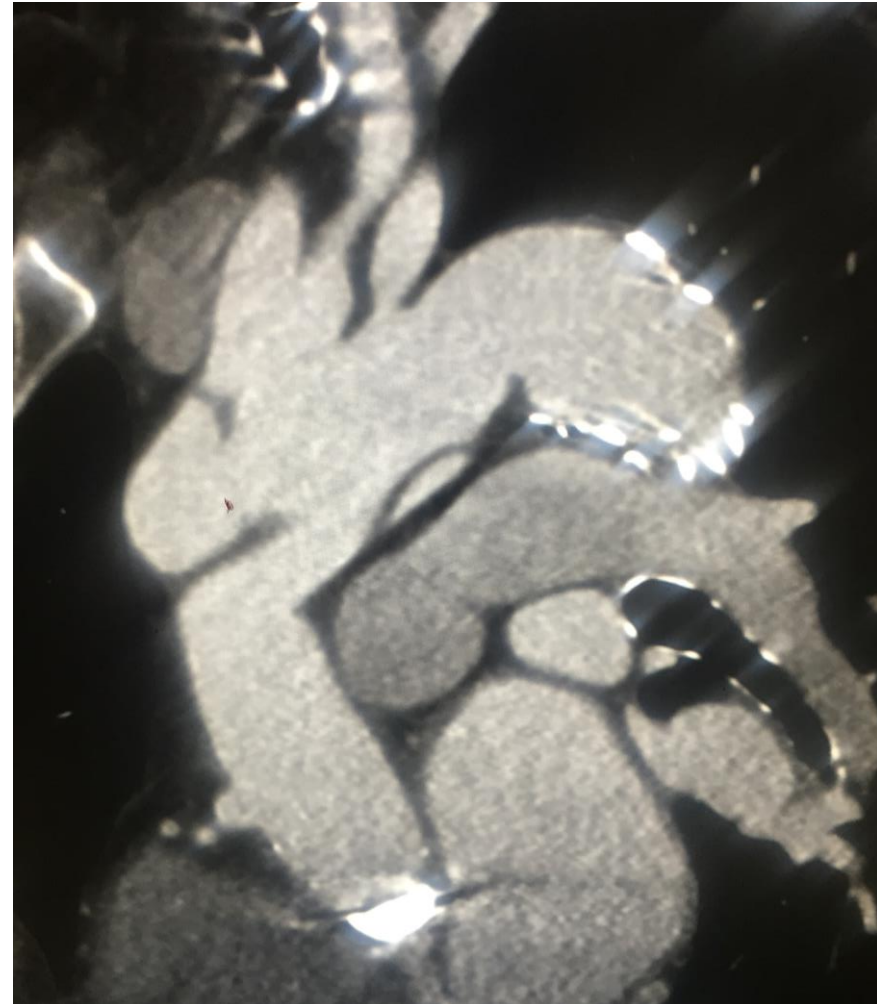
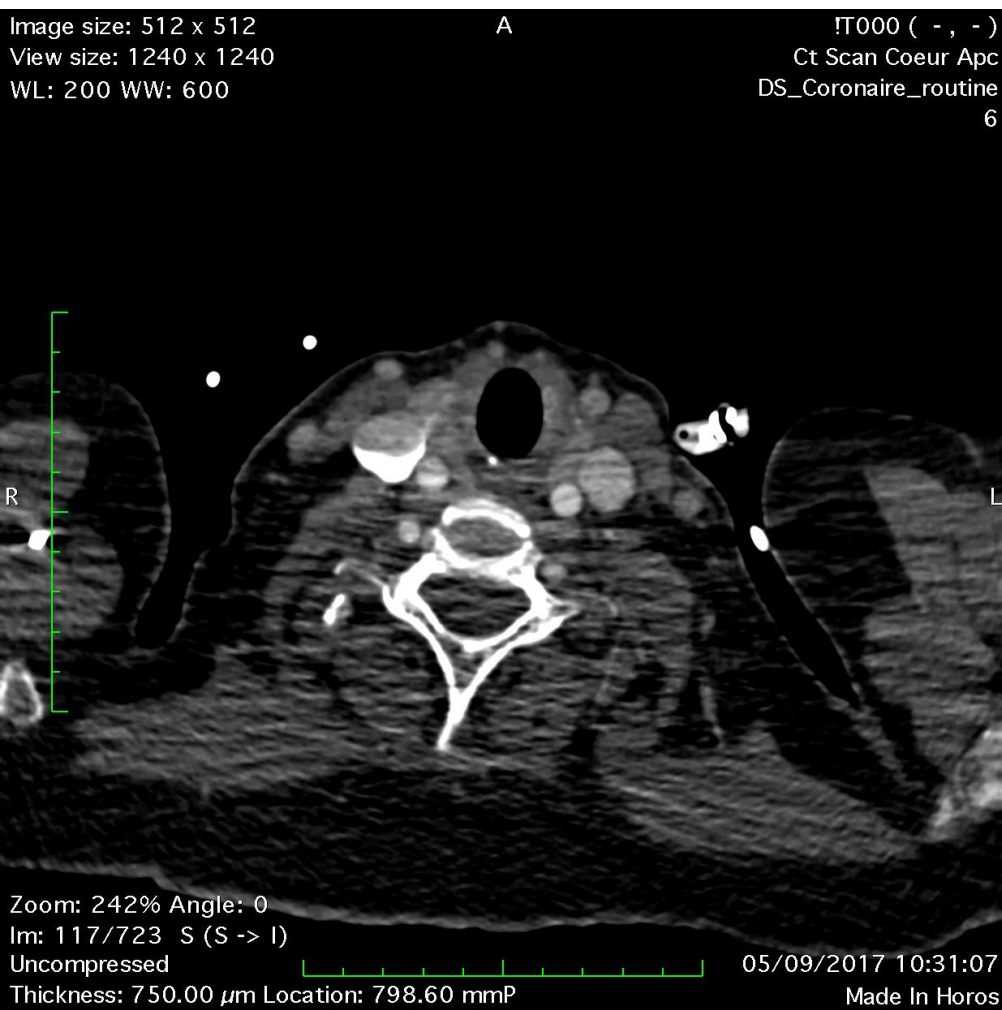


Marfan : Bentall in 1999 + TEVAR in 2015 for type B Dissection

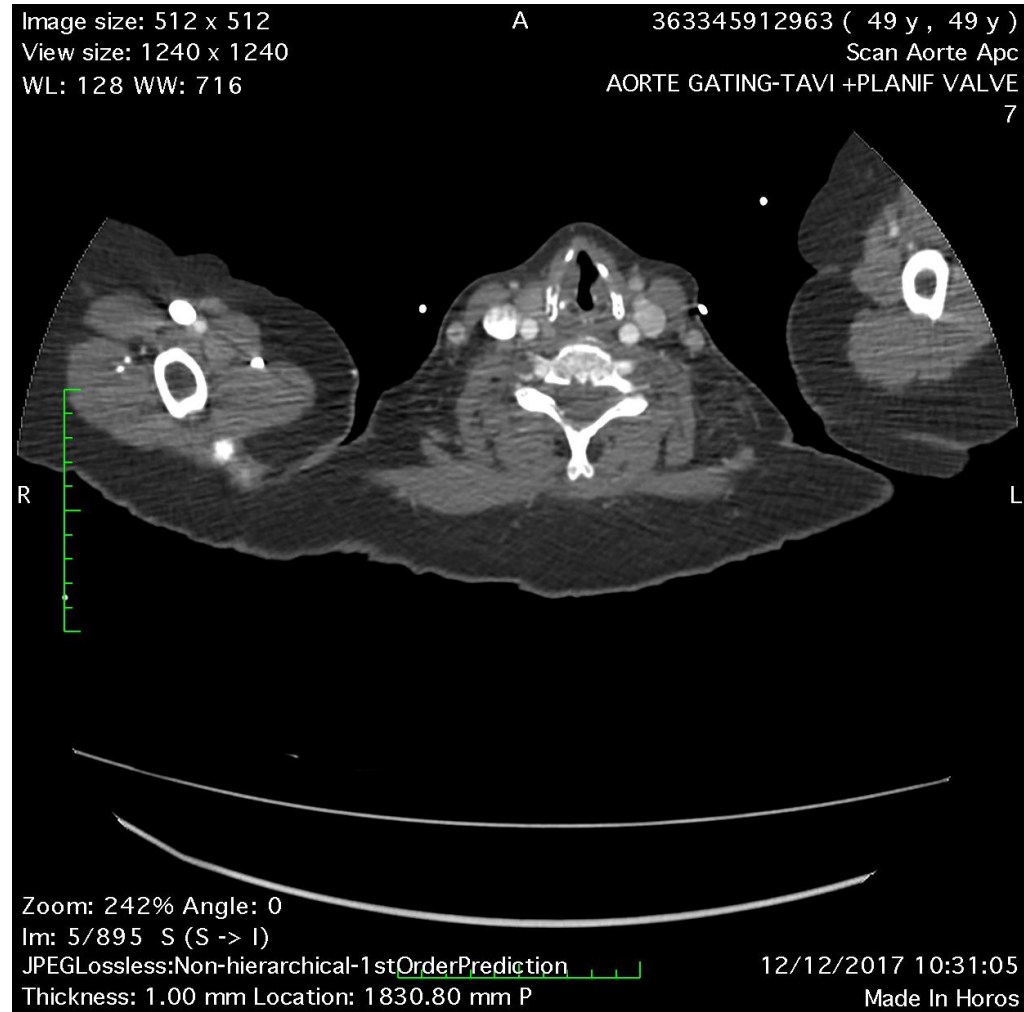
CT Nov 2016
one year after TEVAR



Marfan : Bentall in 1999 + TEVAR in 2015 for type B Dissection + Retrograde Aortic Arch dissection in 2017

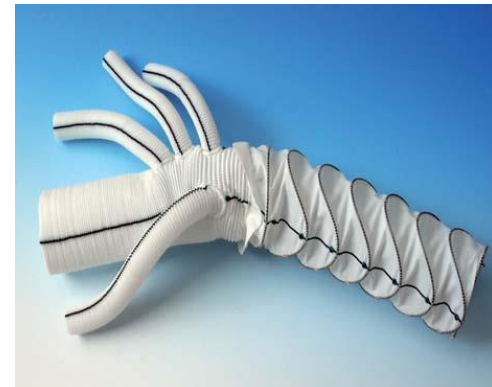


Marfan :Thoraflex FET Repair into TEVAR 2017



FET Device

- **Ease of deployment , without increasing technical complexity and prolonging ischemic and perfusion durations**
- **Avoidance of fluoroscopy and guide wires**
- **Firm fixation to the aortic wall**
- **Conformation to the curvature of the aorta**
- **Tapered distal end to fit well within the descending aorta**



CONCLUSIONS

- FET procedure is easier than the ET procedure
- Use the Short endograft Length of the FET is safer
- *Ease* of anastomosis in secondary interventions
- Step Procedures are mandatory
- FET is an alternative to treat endovascular repair failure