

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

JANUARY 25-27 2018



MARRIOTT RIVE GAUCHE & CONFERENCE CENTER, PARIS, FRANCE

*Trans apical percutaneous approach for
arch devices: when and how ?*

Ross Milner, MD

Professor of Surgery

Co-Director, Center for Aortic Diseases

January 25, 2018





Disclosure

Speaker name: Ross Milner

.....

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

Medtronic; WL Gore; Endospan

■ Consulting

Employment in industry

Shareholder in a healthcare company

Owner of a healthcare company

Other(s)

I do not have any potential conflict of interest



Access Issues for Arch Interventions



Need for Conduit and Complications

- Use of proximal conduit (iliac/aortic)
 - retroperitoneal access, 10 mm Dacron graft

Device	Use of Conduit	Vascular Complications
TAG	15.1%	14.4%
Talent	21.1%	21.0%
TX2	9.4%	22.5%

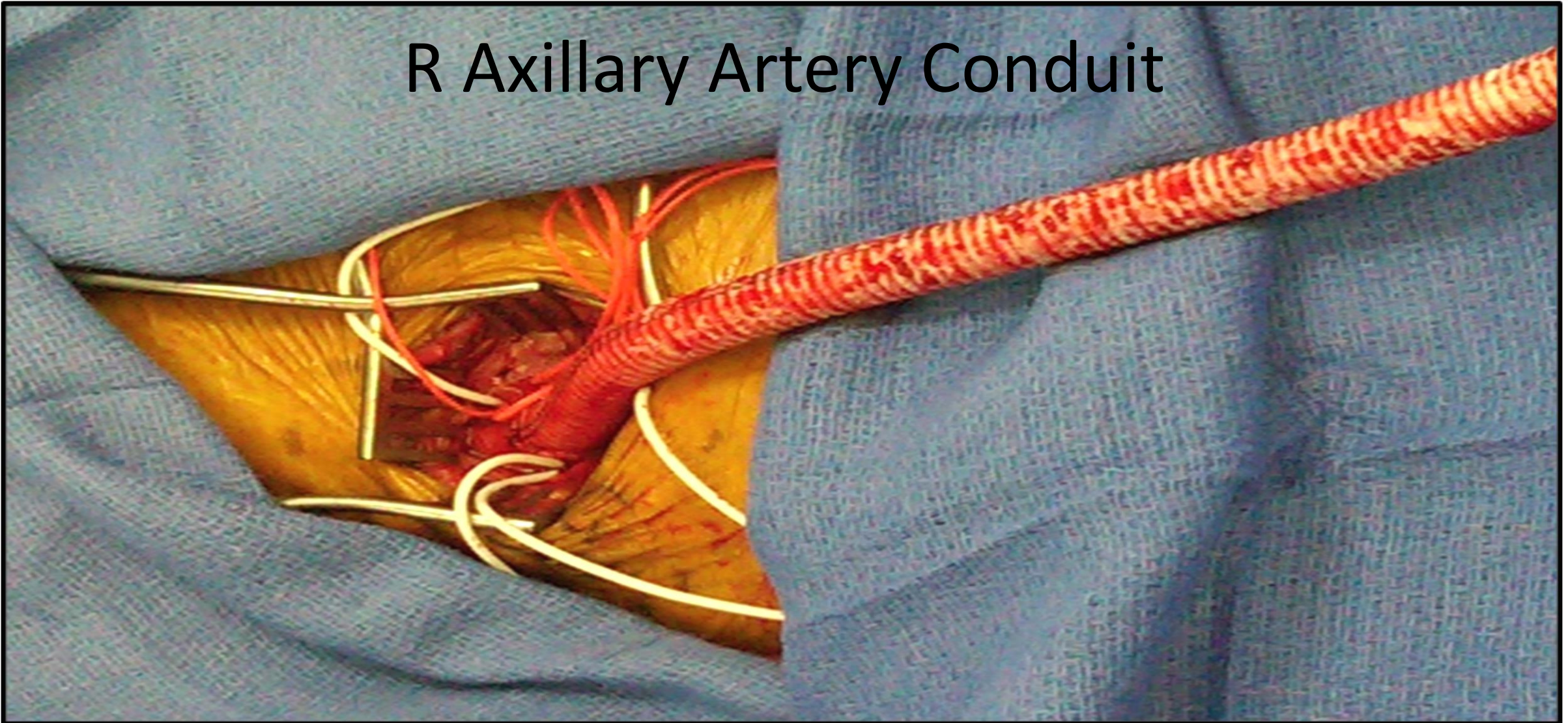


Upper Extremity/Neck Access

- Axillo-subclavian
- Carotid artery



R Axillary Artery Conduit





22 Fr Dry Seal Sheath in Conduit





Central Access



Option #1

- Sternotomy with ascending conduit
- Mini anterior thoracotomy with ascending conduit

DAVIS, OSCAR
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H

Emory University Hospital
AXIOM-Asa
VB22N 030907
HFS
/com/IIIIR

STUDY 1
3/19/2007
4:19:37 PM
3 - 2/20
M 2 RIGHT
0.33 sec

R

AORTA
cm 22
A
kV 88
mA 354
D 2351
LAG 40% CRAN 2'

512

EE 10%
AB 0%
xy 0.0/0.0
WB 175
WG 60



Option #2

- Transapical

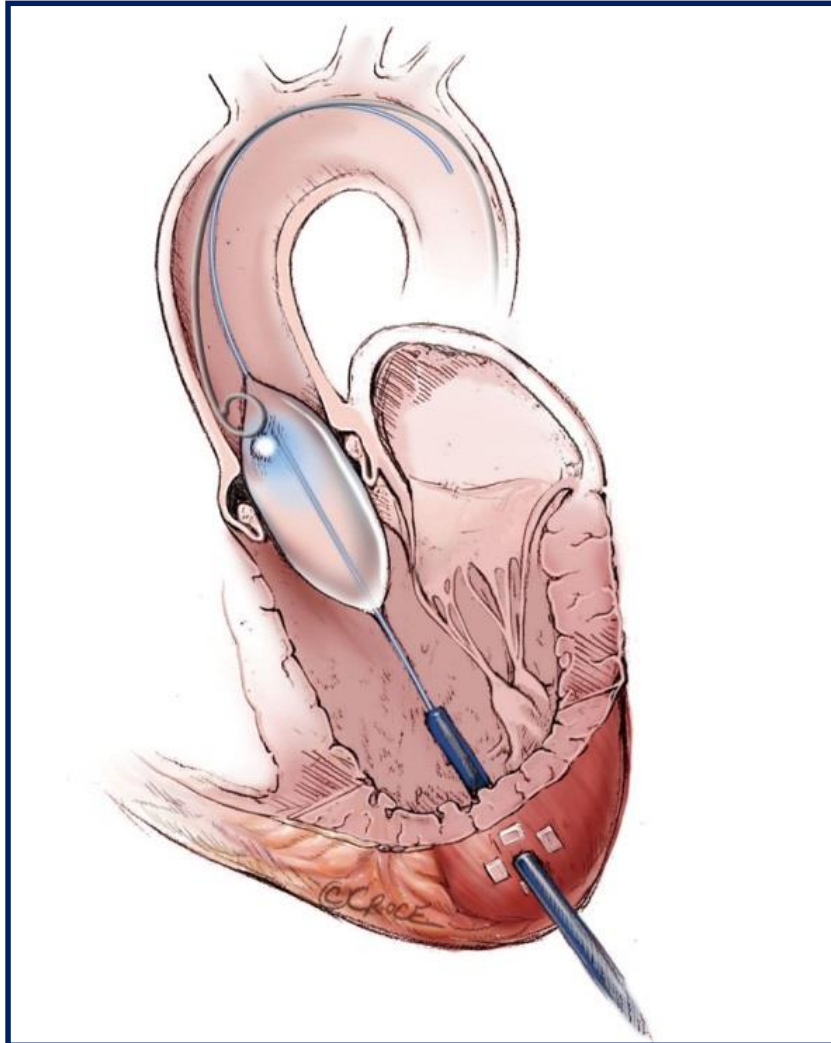
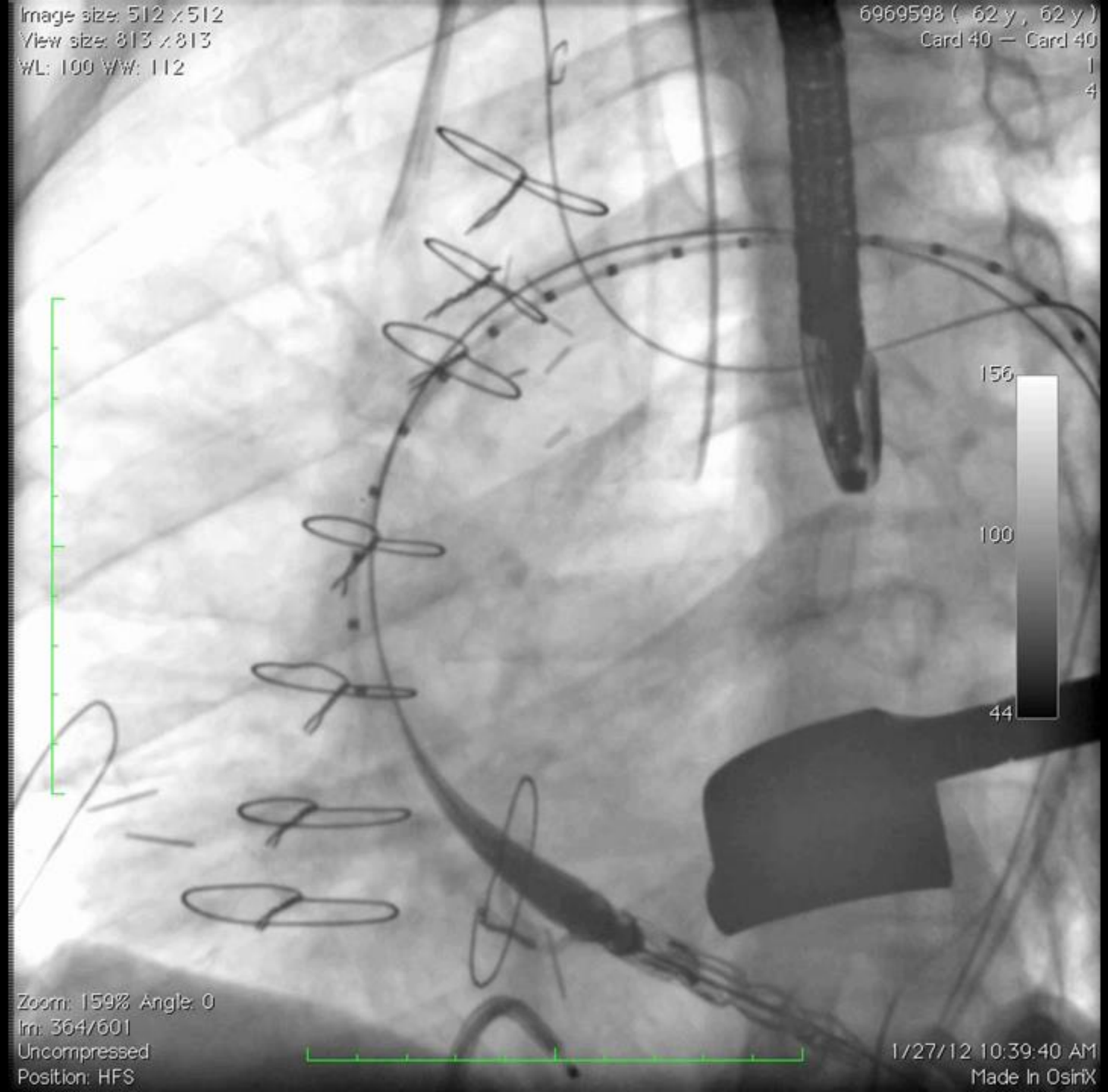


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View size: 813 x 813
WL: 100 WW: 112

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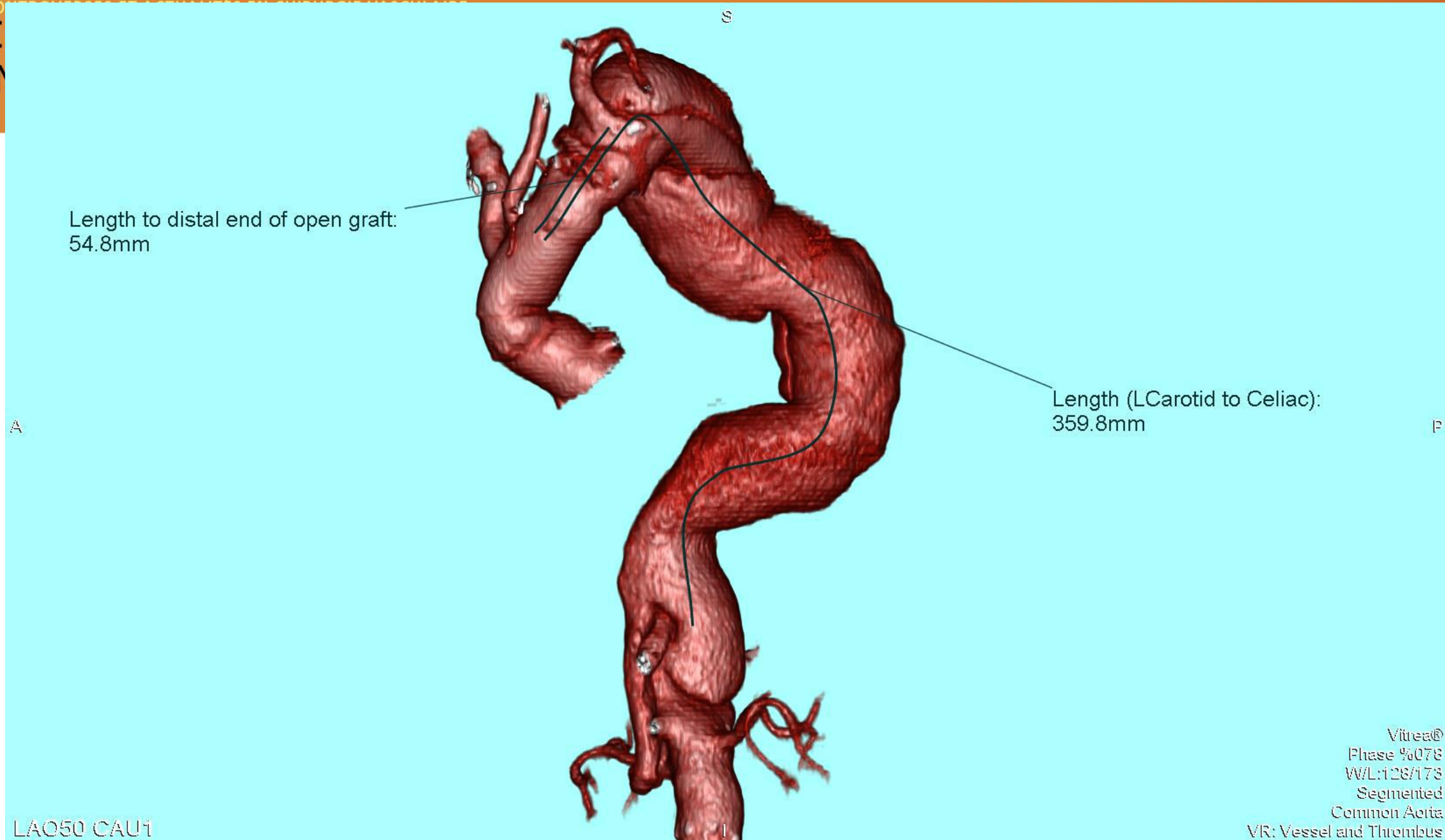
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What if?

- Iliac access is good
- Prior ascending reconstruction is tortuous (and redo surgery)
- “Body floss” technique does not work



Length to distal end of open graft:
54.8mm

Length (LCarotid to Celiac):
359.8mm

Diam 20mm down:
29.6 / 30.2mm

Diameter caudal to left carotid artery:
30.0 / 30.6mm

Length to distal end of open graft:
54.8mm

R

To best view left carotid
20 LAO
10 CAU

L

LAO20 CAU10

Vitrea®
Phase %078
W/L:128/178
Segmented
Common Aorta
VR: Vessel and Thrombus



Diam 20mm down:
29.6 / 30.2mm

Diameter caudal to left carotid artery:
30.0 / 30.6mm

Length to distal end of open graft:
54.8mm

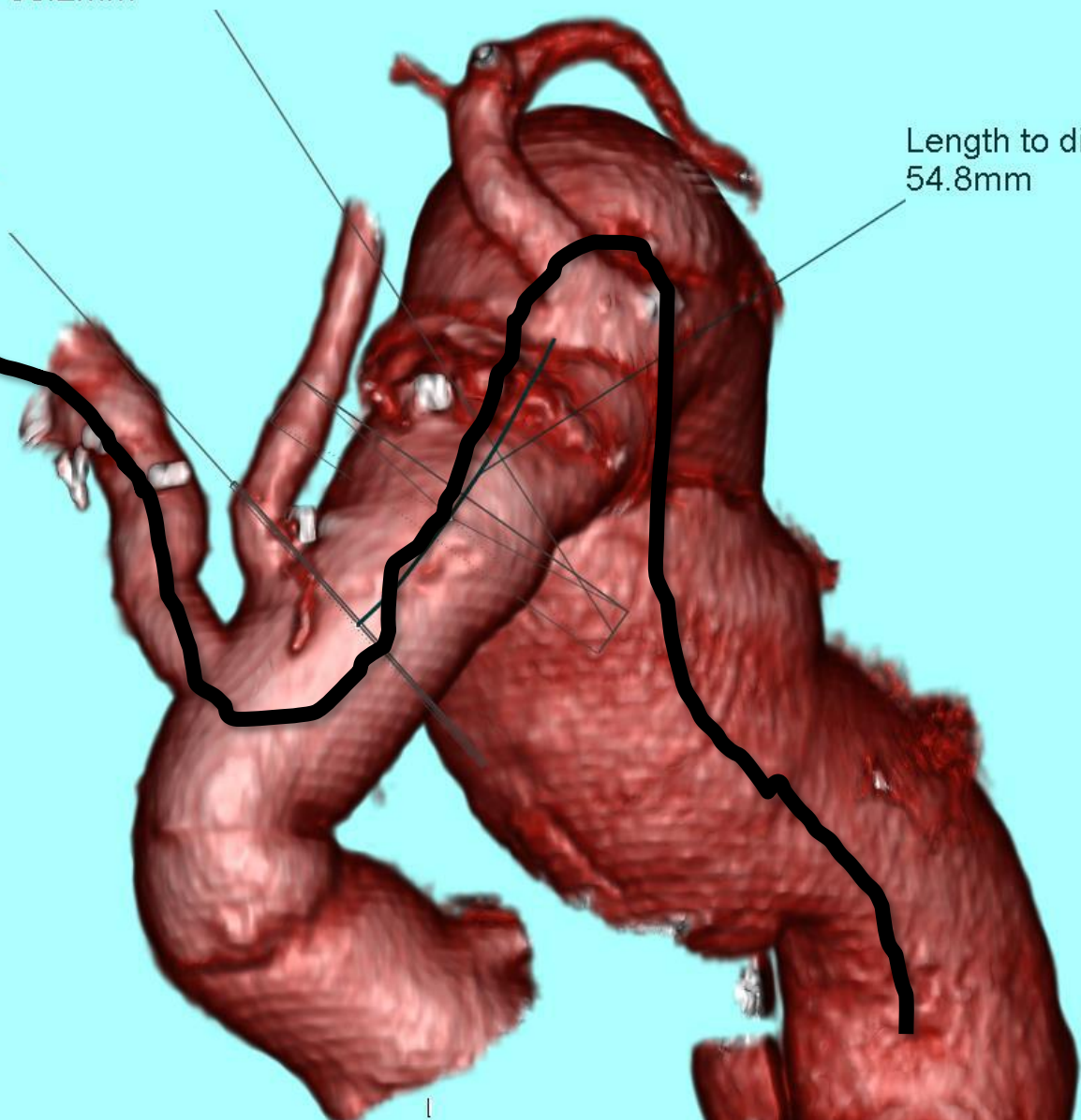
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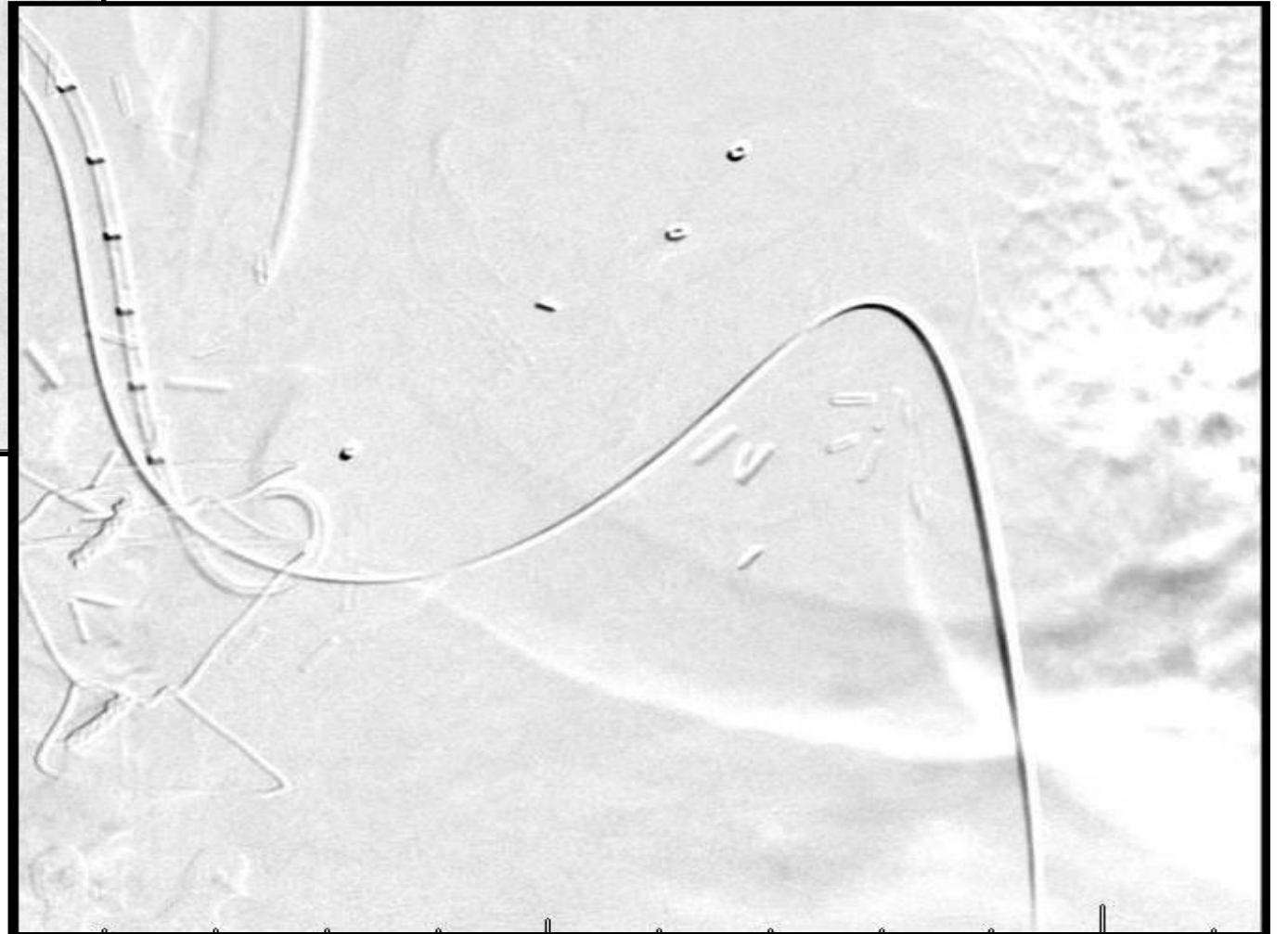
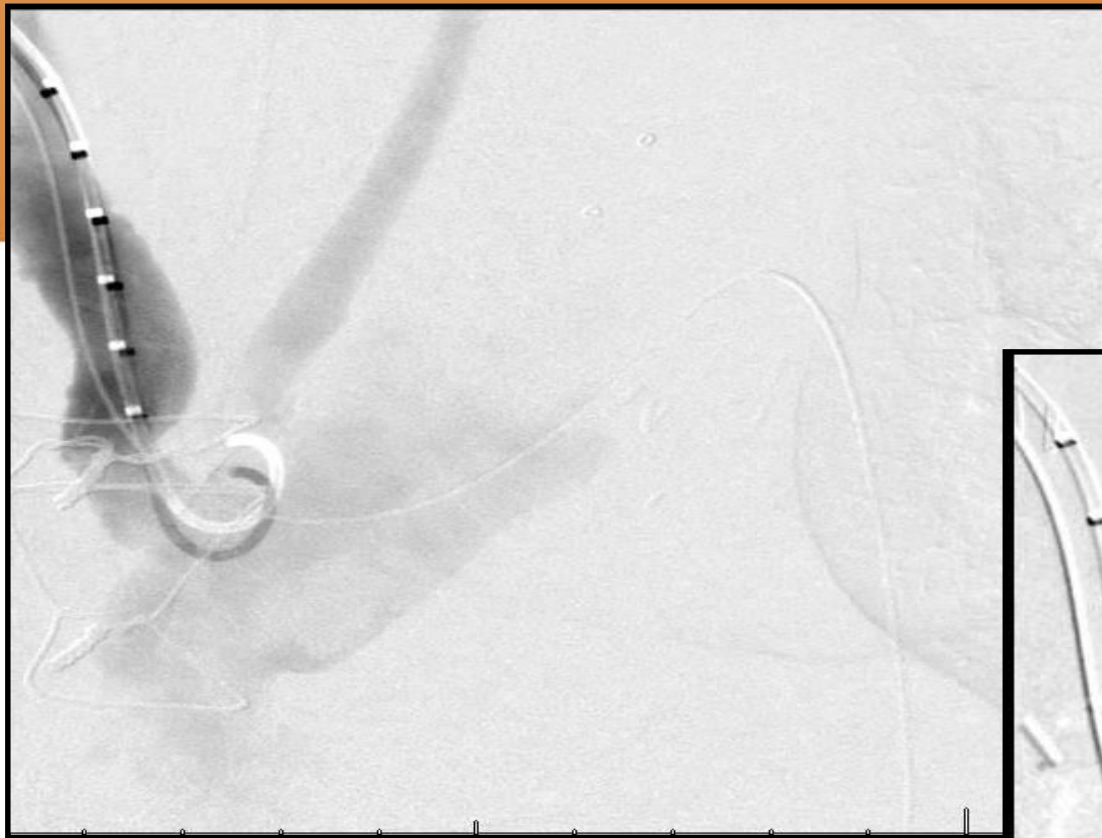
To best view left carotid
20 LAO
10 CAU

L

LAO20 CAU10

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What if?

- Iliac access is good
- Prior ascending reconstruction is tortuous (and redo surgery)
- “Body floss” technique does not work

- What now?





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Atman P. Shah, MD

Associate Professor of Medicine
Clinical Director, Section of Cardiology
Co-Director, Cardiac Catheterization Laboratory

Atman P. Shah, MD, is an interventional cardiologist who specializes in utilizing minimally invasive, catheter-based techniques. Dr. Shah performs angioplasty, stenting, atherectomy and thrombectomy procedures to treat patients with heart disease. He specializes in caring for patients with complex structural heart disease including atrial septal defects, ventricular septal defects, patent foramen ovale and aortic valve stenosis. Dr. Shah also uses catheter-based treatments to reduce the risk of stroke in patients with atrial fibrillation.

Dr. Shah's research efforts focus on improving survival rates in patients who have experienced a cardiac arrest or an acute myocardial infarction (heart attack). Additionally, he studies new therapies that can help save heart muscle during a heart attack. Dr. Shah is the primary investigator on a number of large multicenter clinical trials investigating novel medications and devices designed to improve the quality of life in patients with coronary artery and structural heart disease.



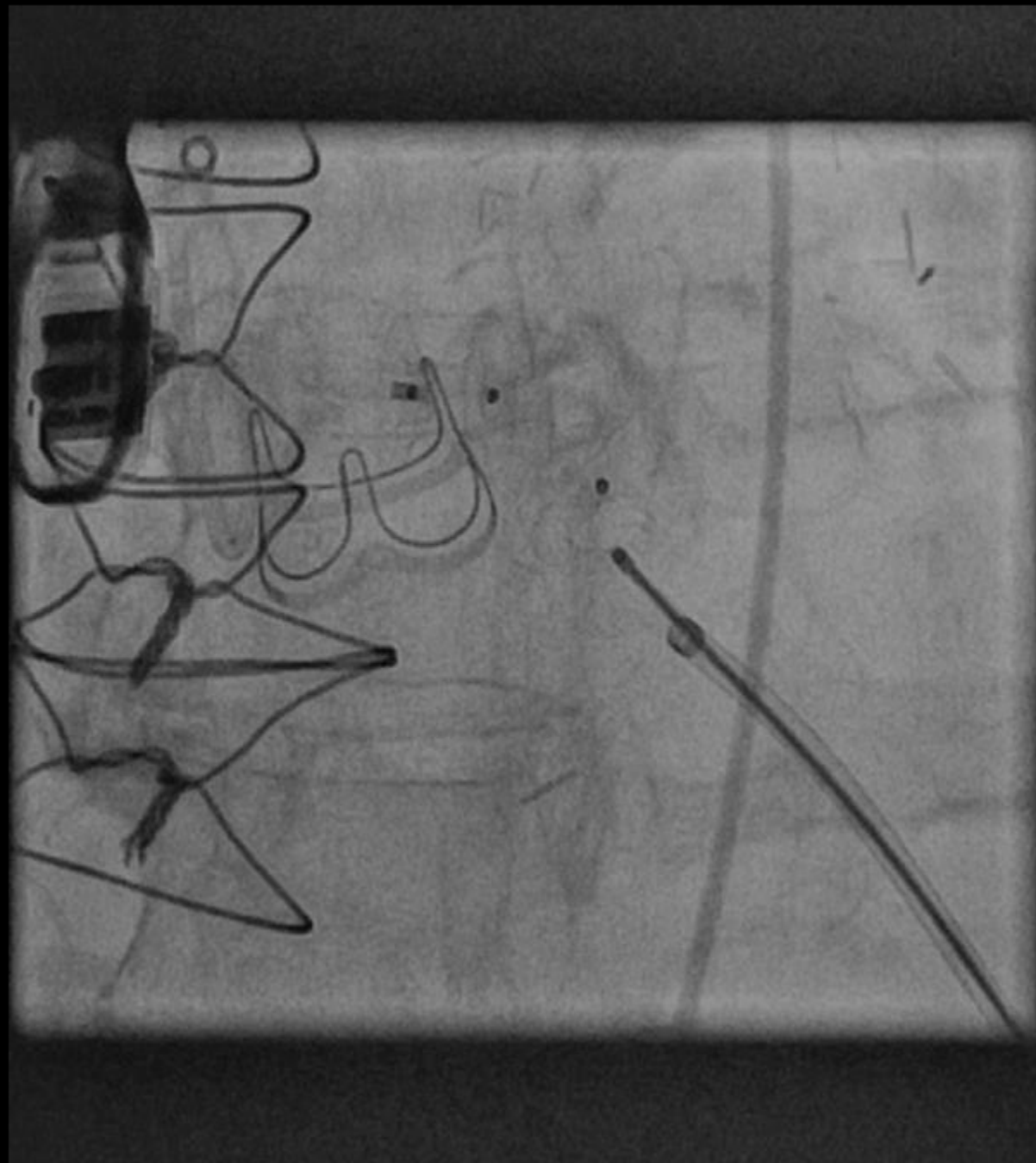
Dr. Shah talks about his work

Clinical Interests

- Structural heart disease including atrial and ventricular septal defects
- Transcatheter therapies for valvular disease



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Technique CONTROVERSIES & UPDATES IN VASCULAR SURGERY

- Palpate LV apex

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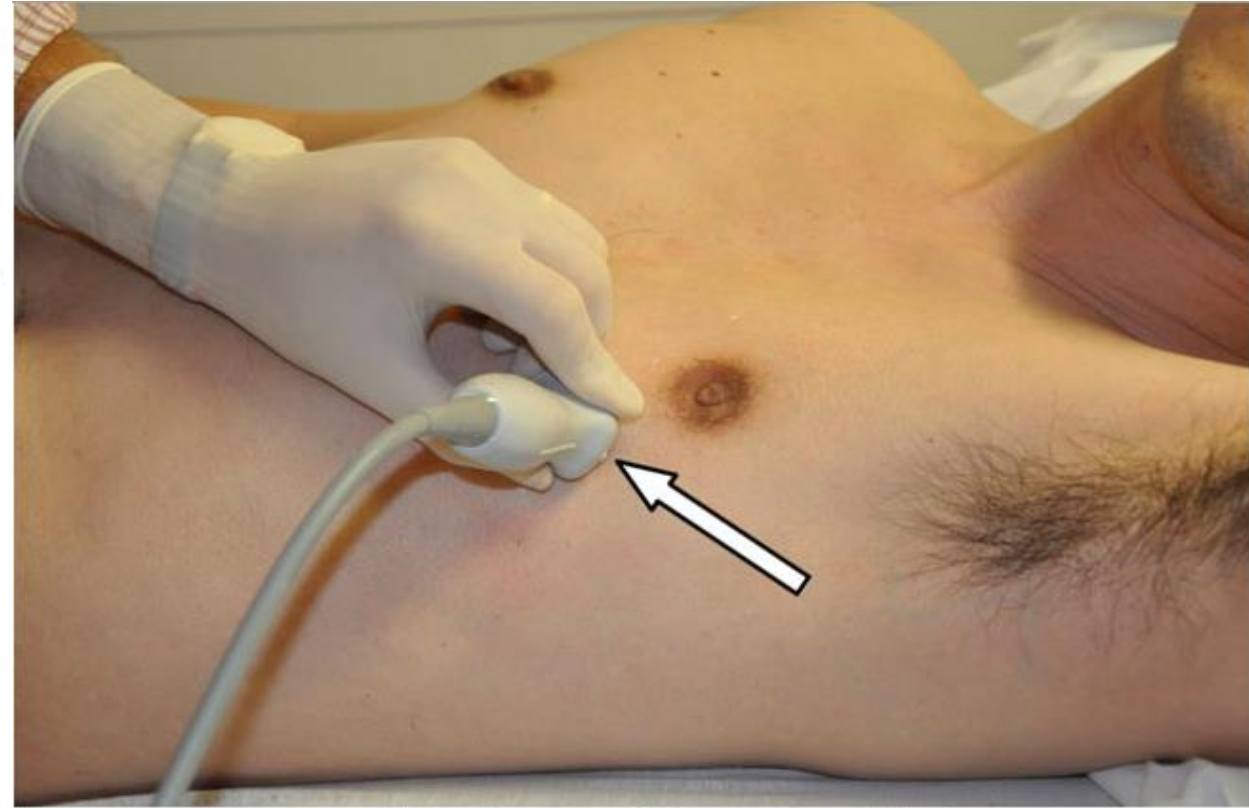
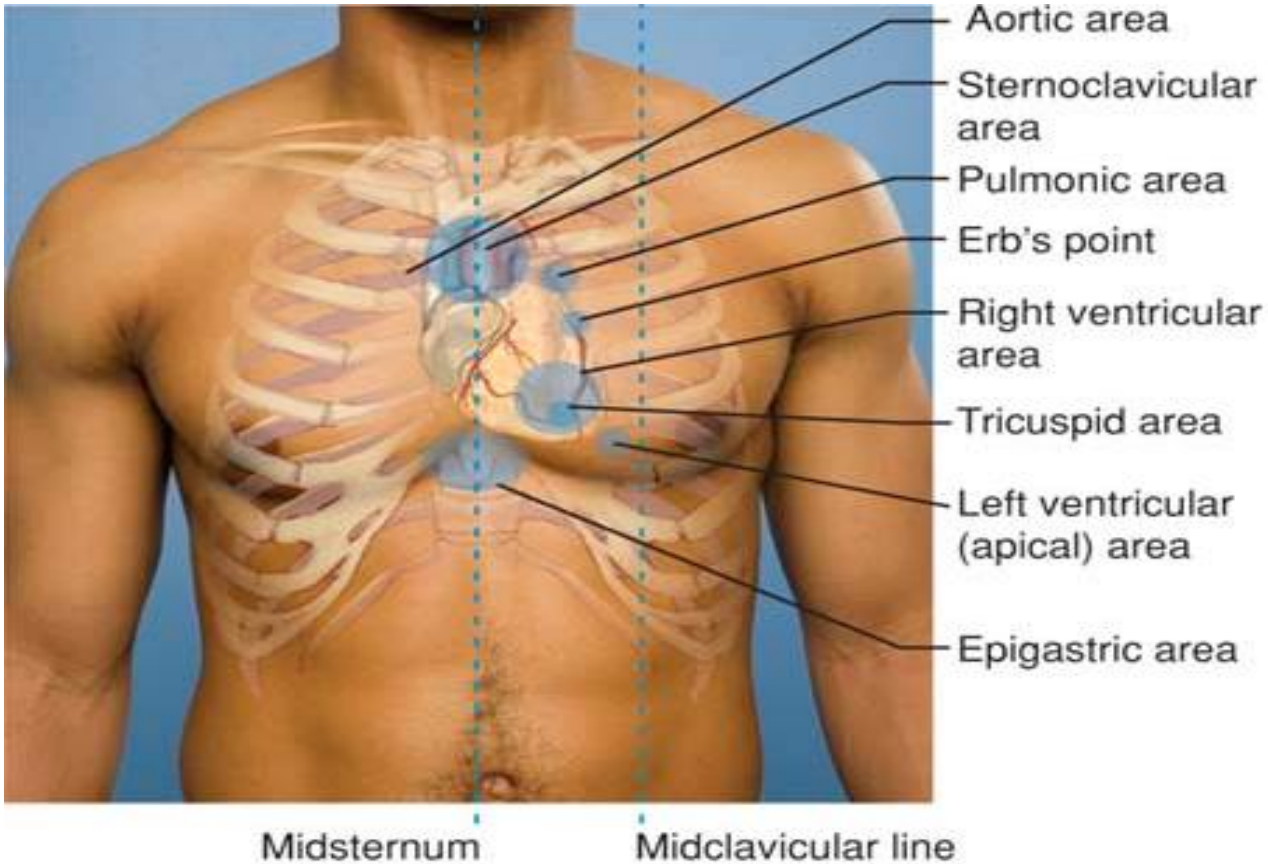
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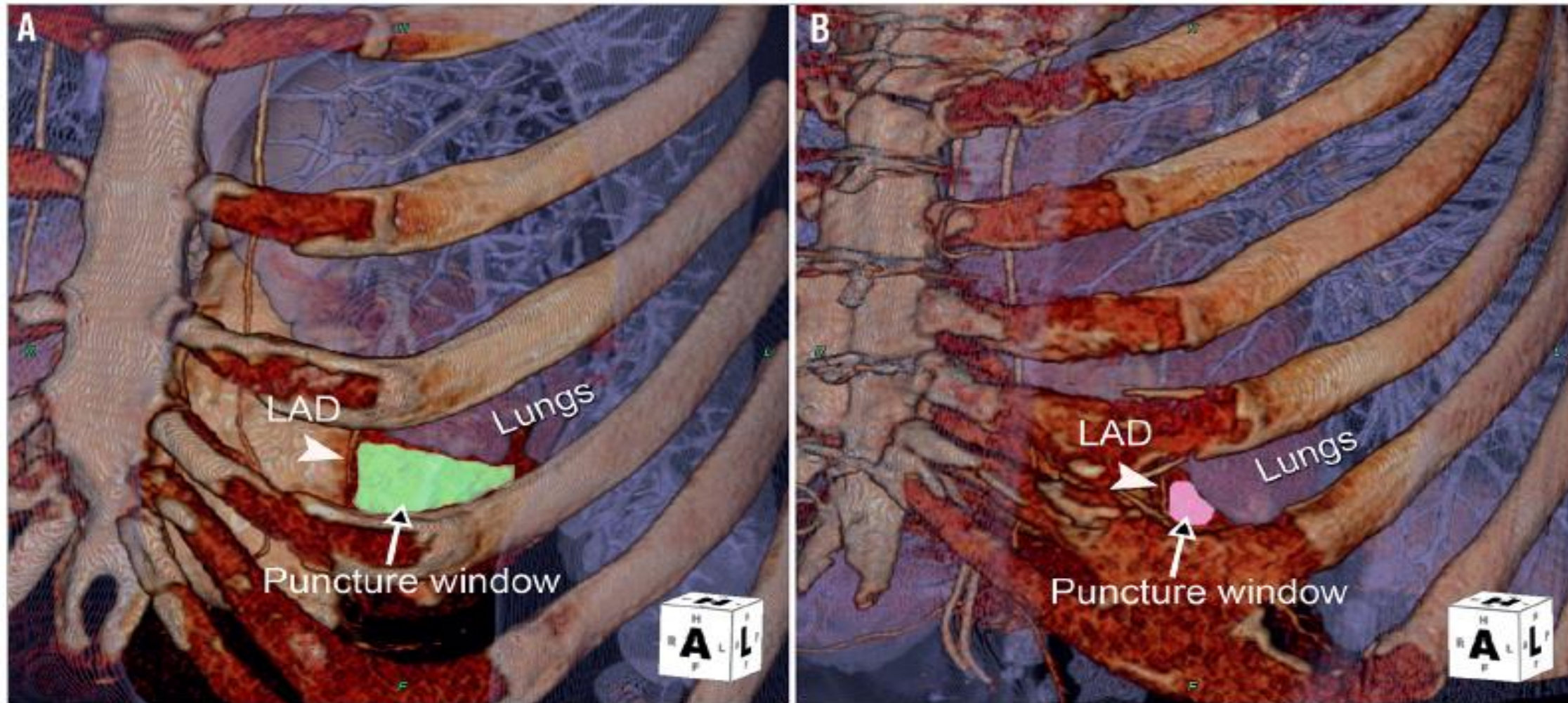
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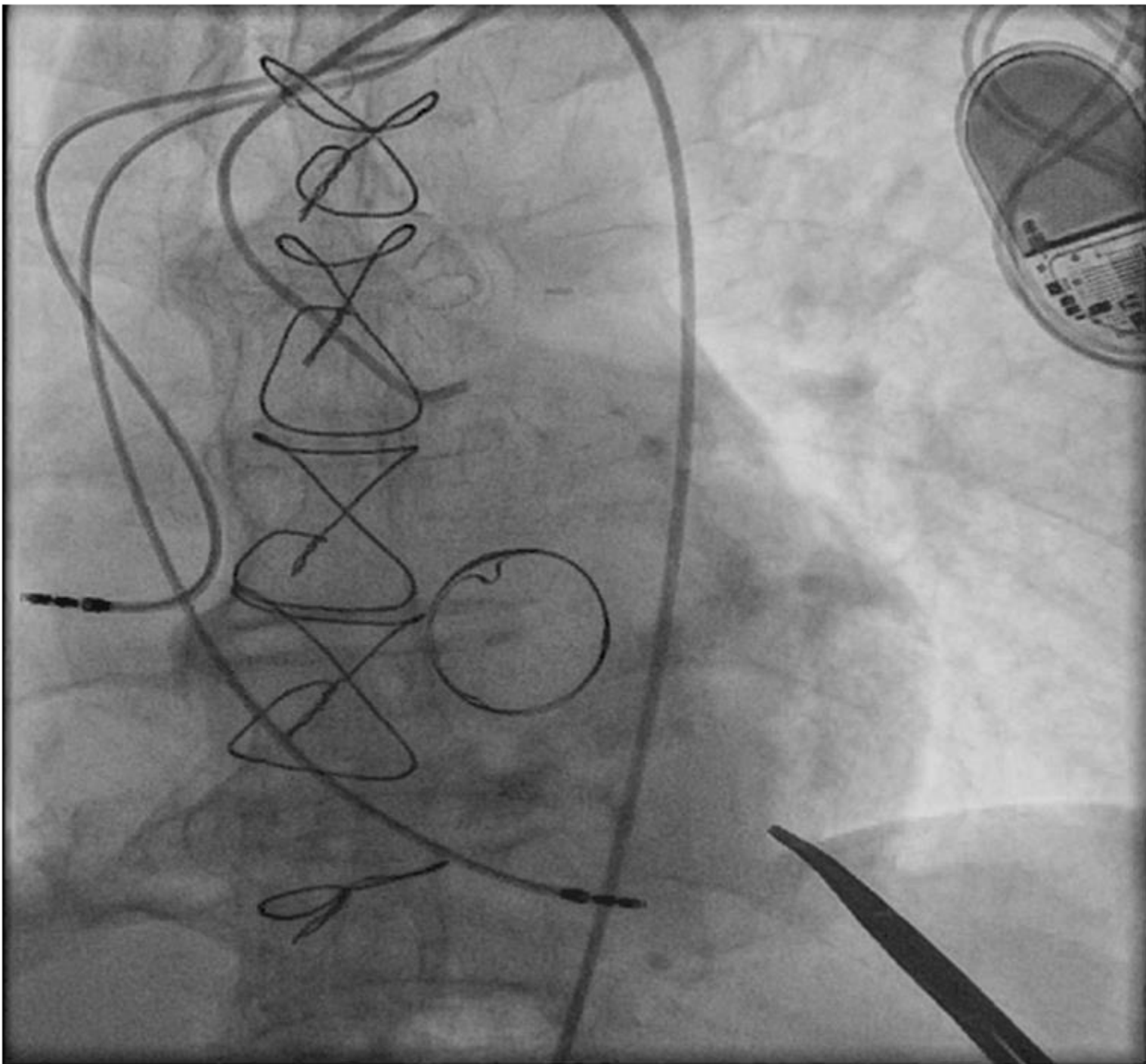
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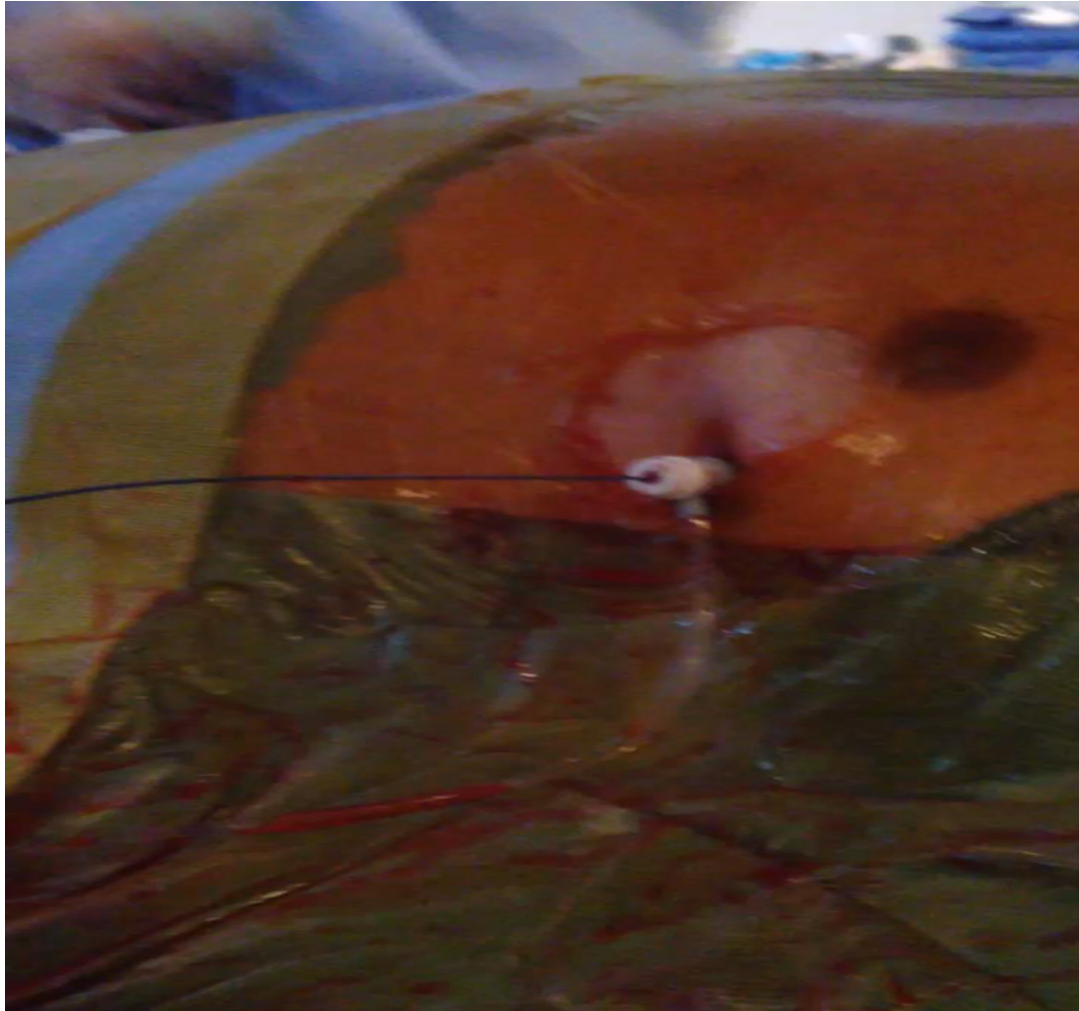
- Utilize 2D TTE to confirm apical location

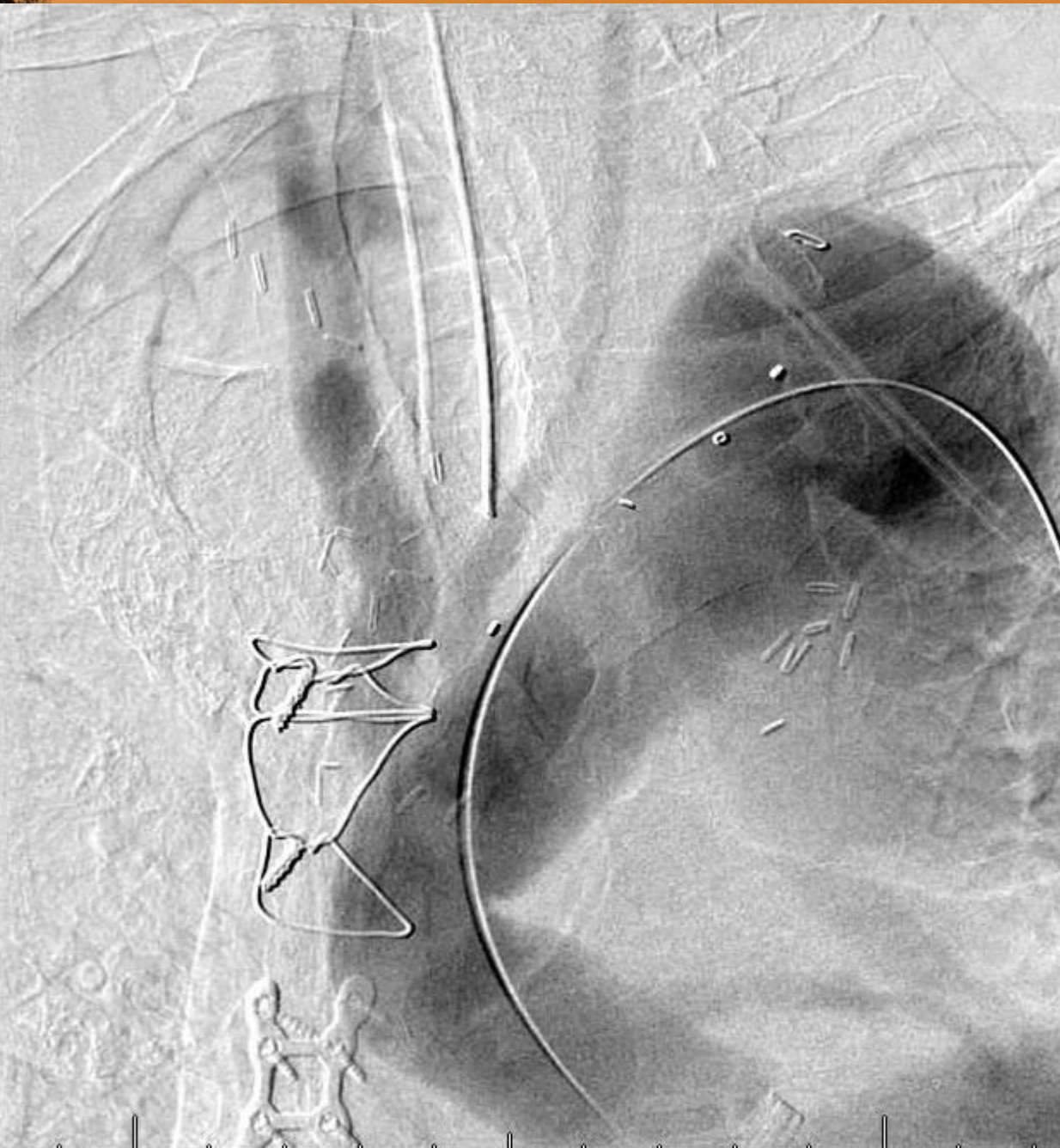




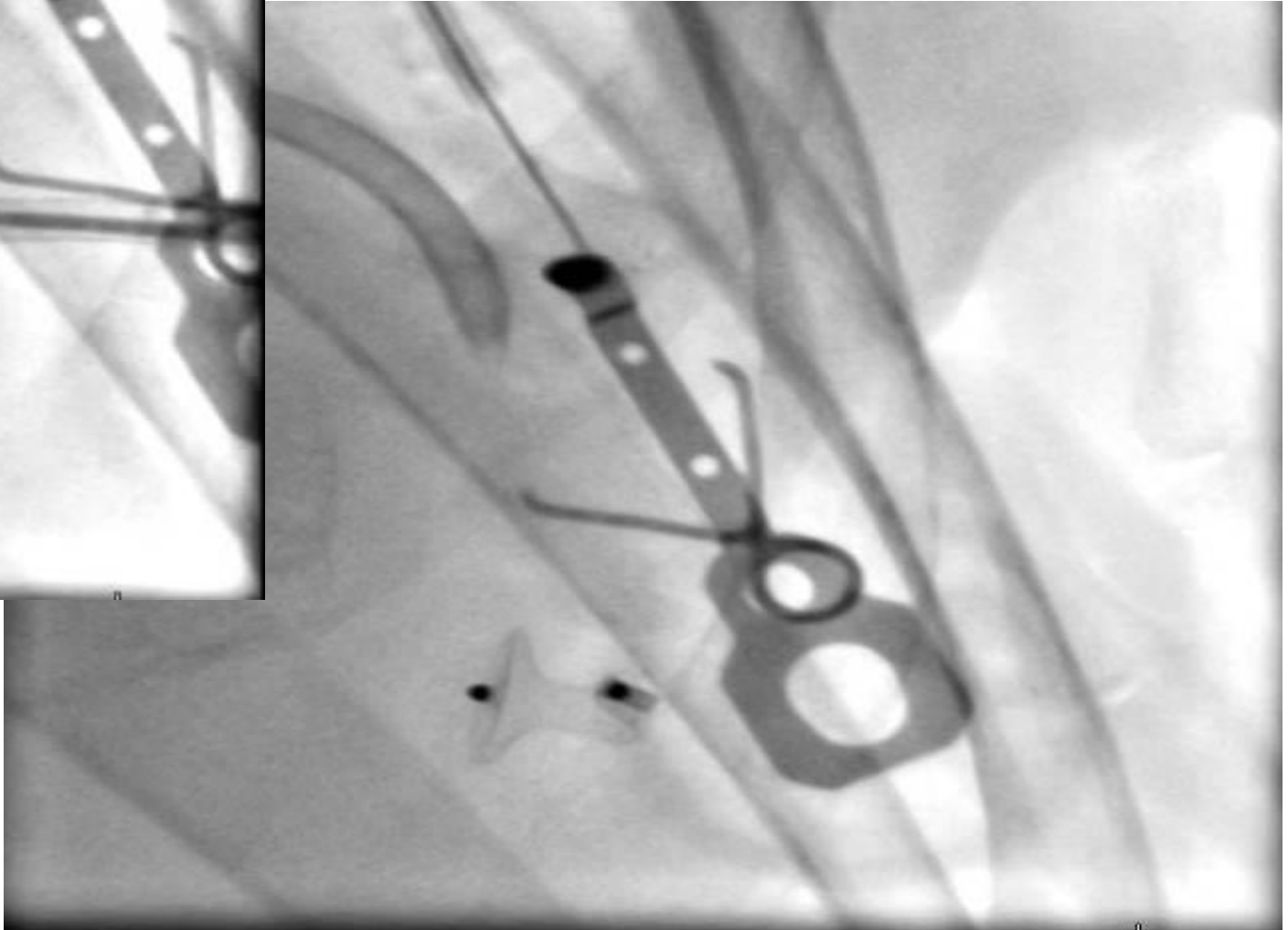
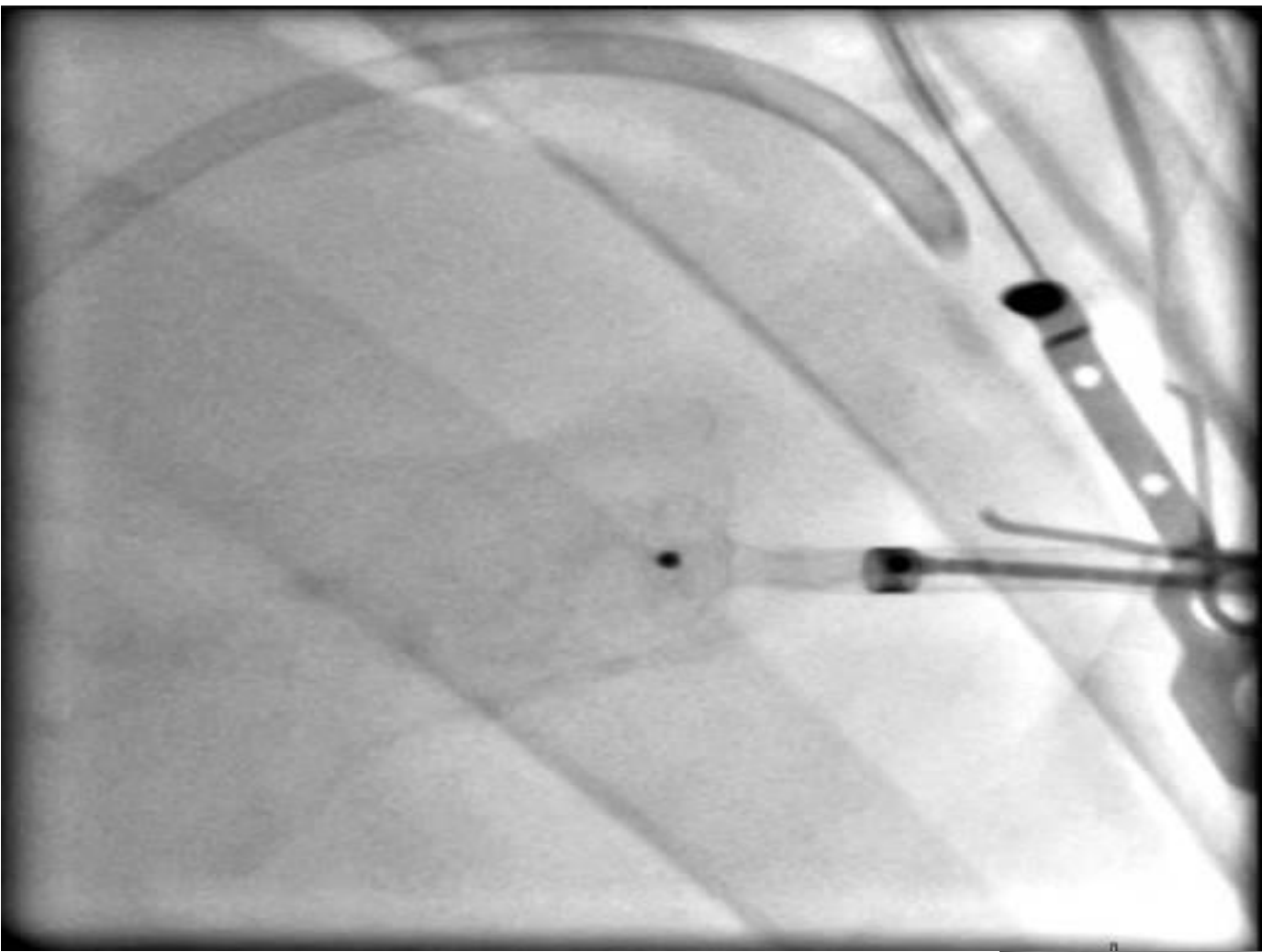


Complex TEVAR











Techniques for Percutaneous Closure

- 5Fr and smaller, ok to use pressure, no need for device closure
- No FDA approved device for apical closure

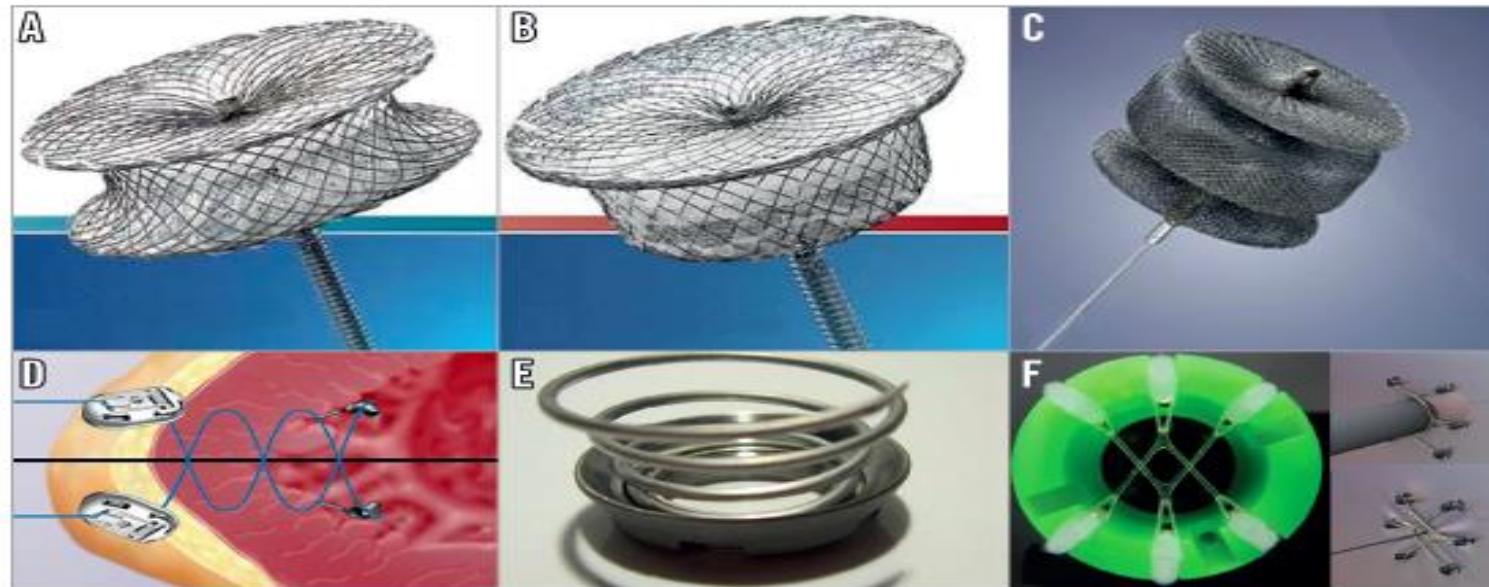


Figure 6. Devices used for completely percutaneous transapical access closure. AMPLATZER family devices: A) Muscular Ventricular Septal Defect Occluder; B) Duct Occluder; C) Vascular Plug II. Systems for closure of surgically exposed transapical access: D) CardioClose; E) Apica ASC; F) Permaseal.





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Thank you

