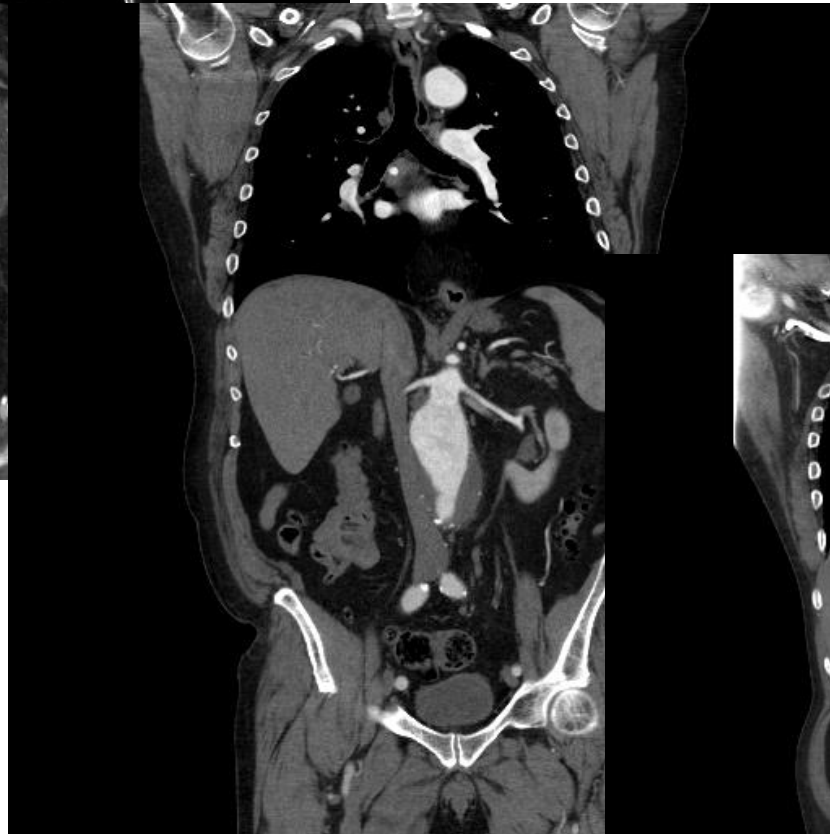
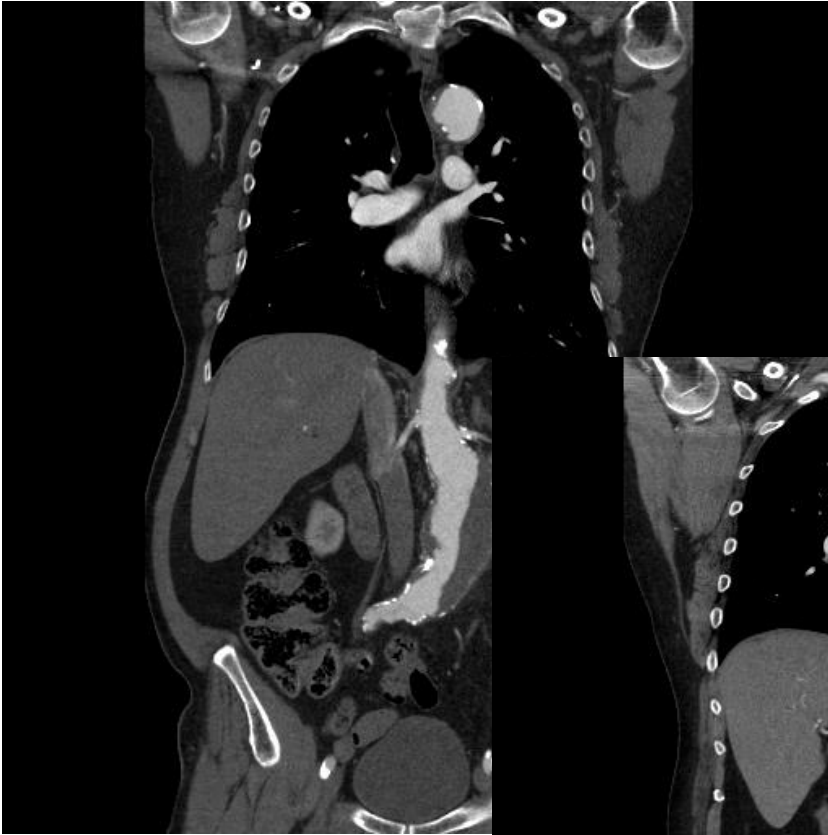
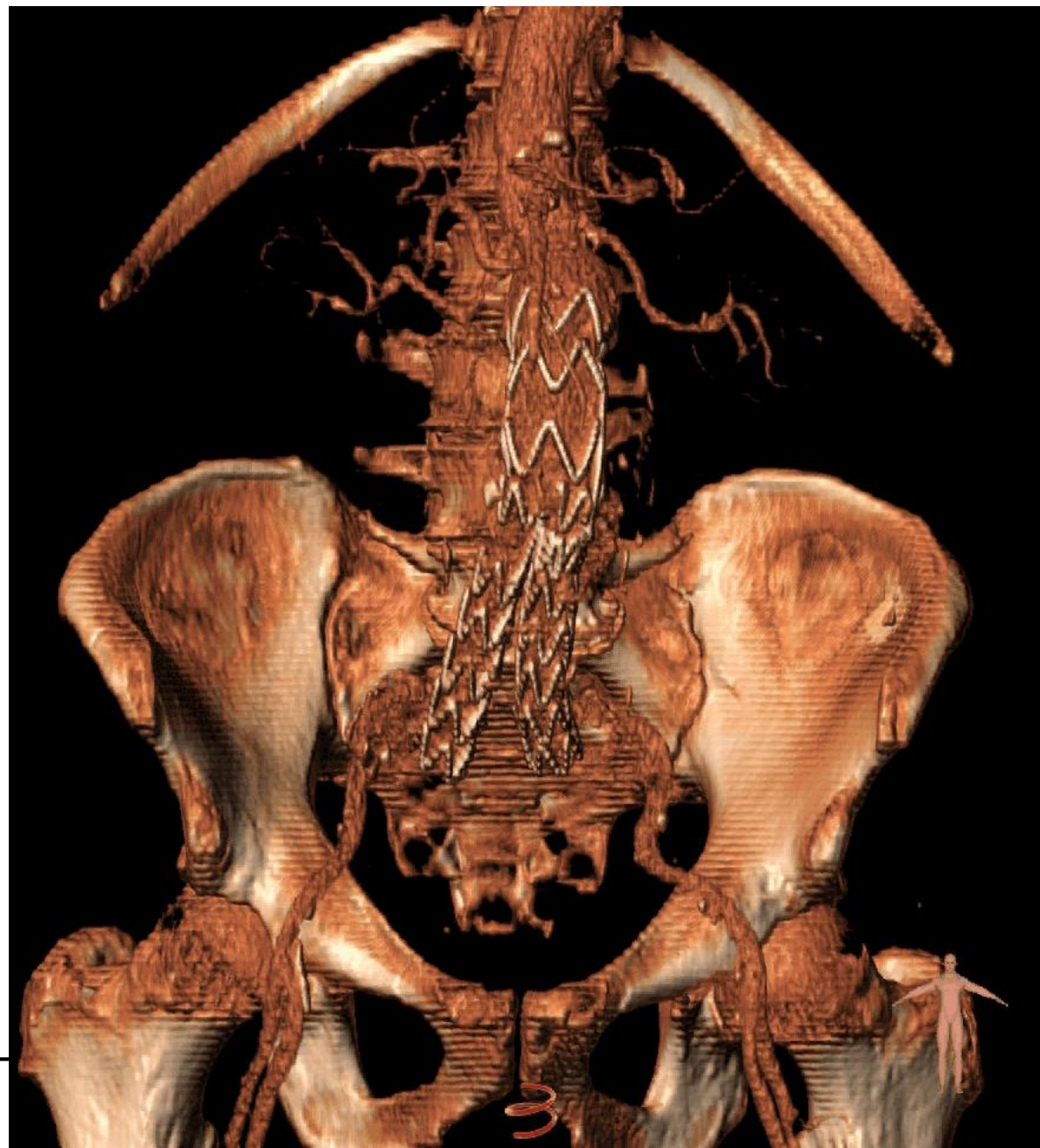


Ch-EVAS for short neck aneurysm, what are the mid-term results?

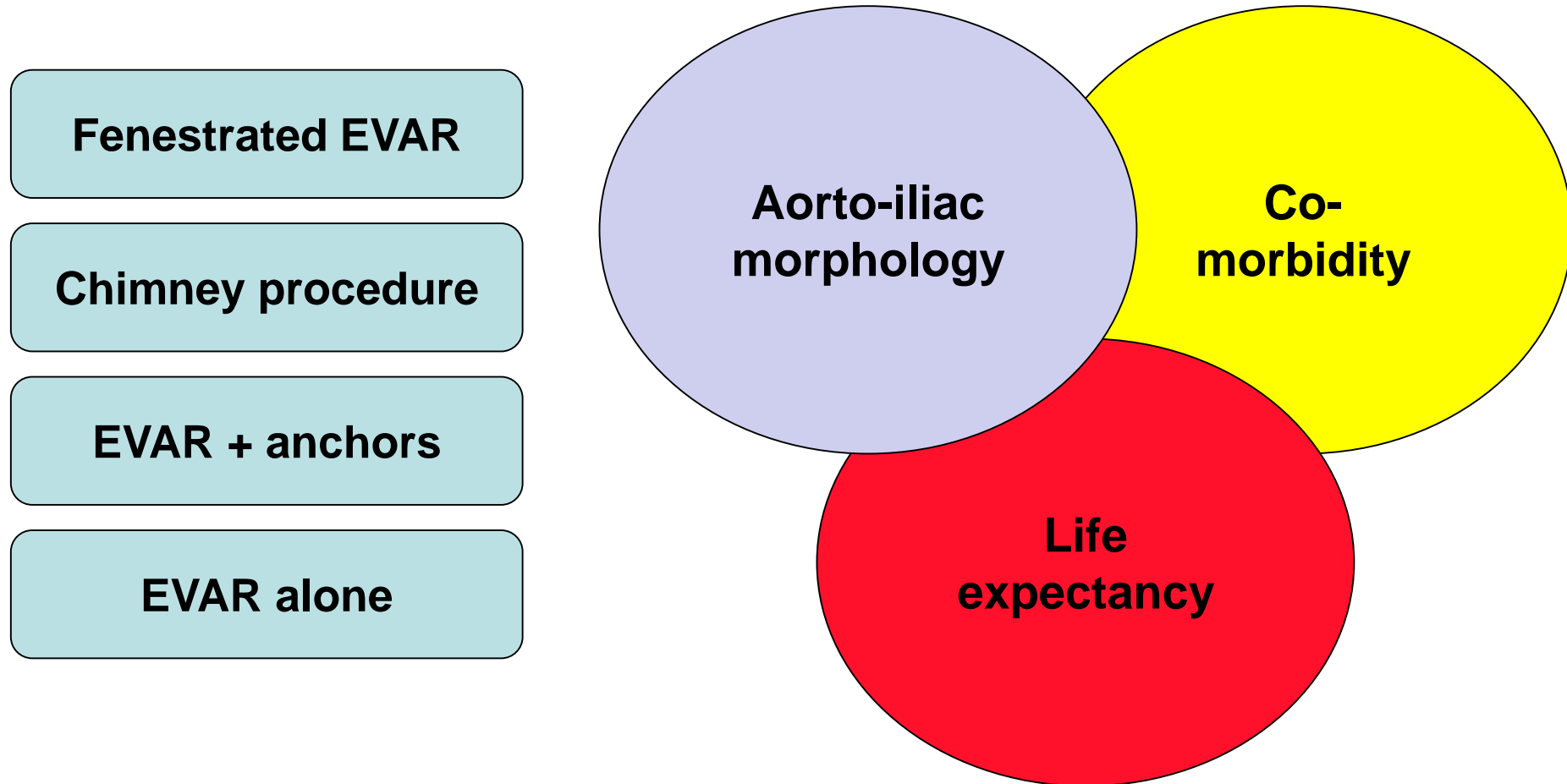
Prof Pete Holt

St Georges Vascular Institute, London, UK

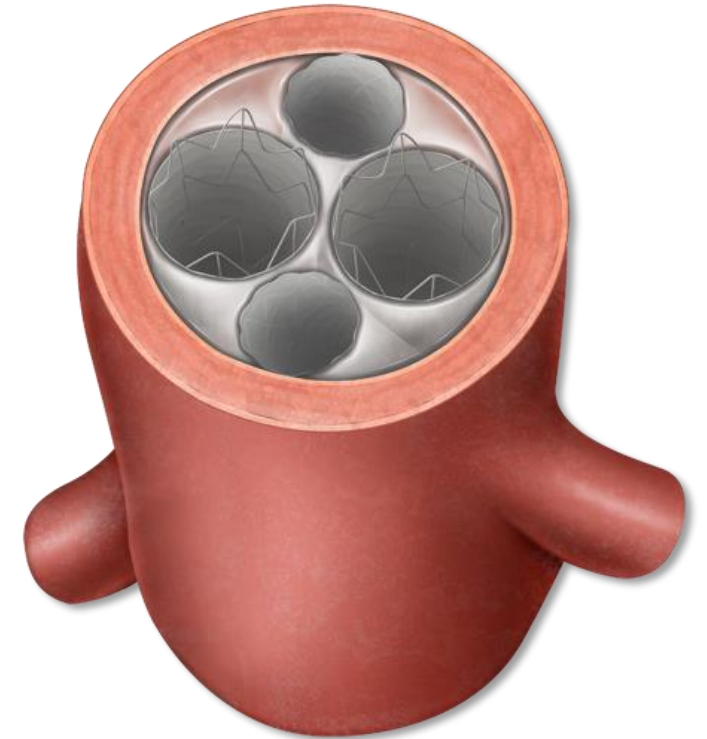
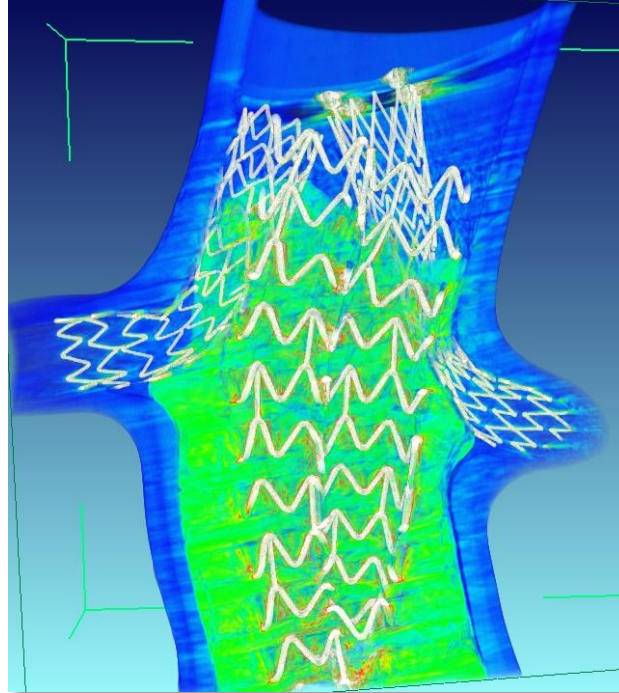
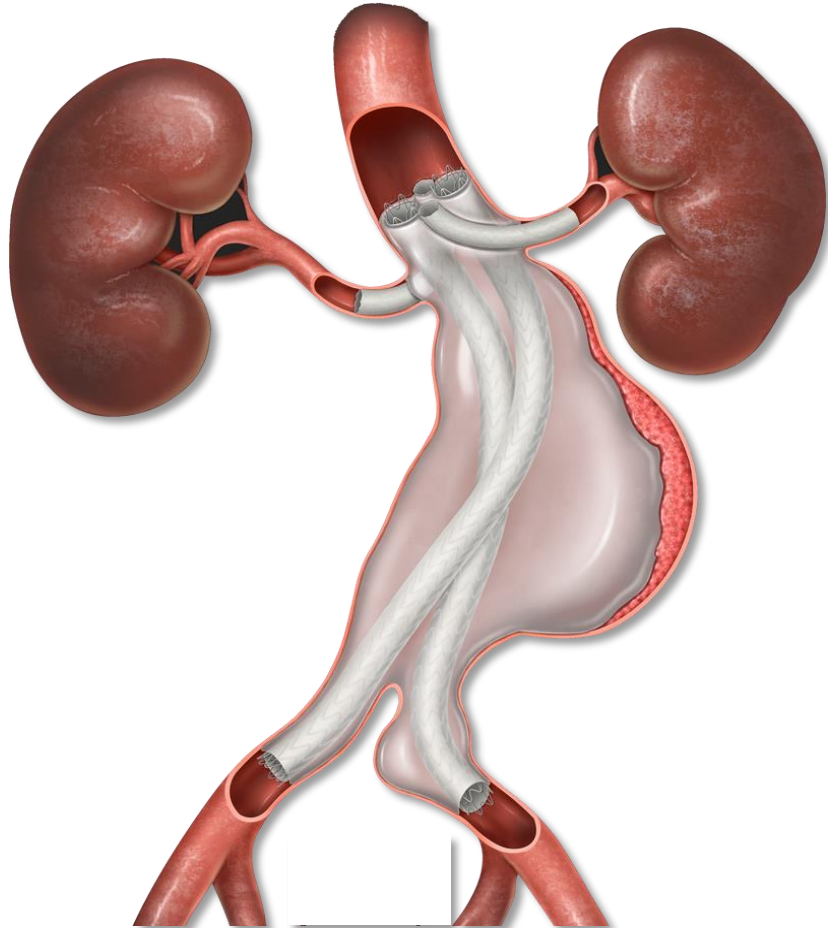




Infra Renal AAA – No Good Sealing Zone (10mm Parallel)



EVAS and Parallel Grafts



Endovascular Treatment Complex AAA



- CMD ‘gold-standard’ but temporal, cost and manufacturing constraints
 - Significant ‘turndown’ rate
- 7% early reintervention, 28% mortality in most complex anatomy
- ‘Off the shelf’ f-EVR limited by applicability and durability

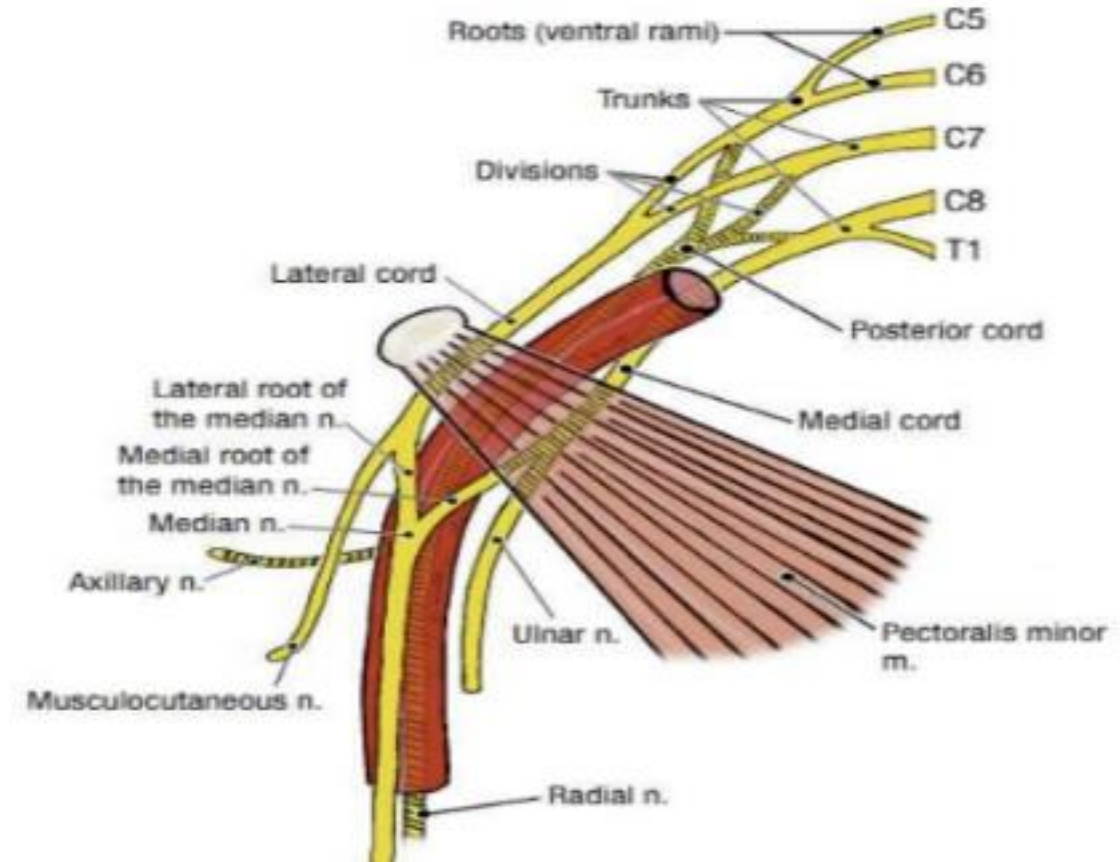
Which Patients To Consider Chimneys?

- Pararenal AAA (<10mm neck)
- Aortic neck >28mm
- Severe angulation (>75%)
- Conical necks (>10%)
- Anatomically unsuitable for FEVAR
- Unfit for OR (or patient preference)
- Urgent cases
- *AIM TO ACHIEVE NECK >15mm*



Planning: *Access*

- Access from above
- Access from below
- Renal/mesenteric branches
- Renal/mesenteric diameters
- Parallel grafts



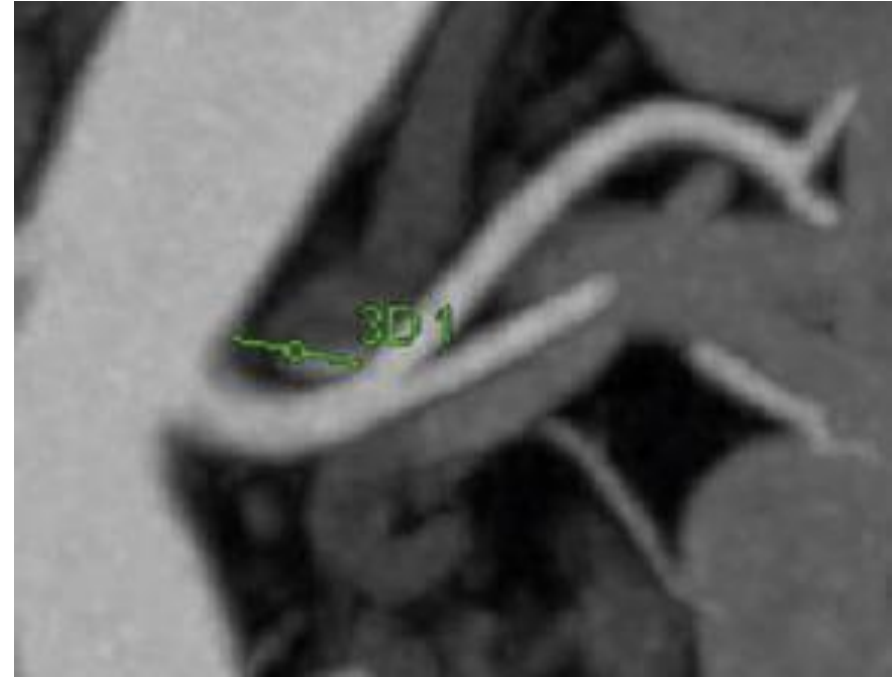
Planning: *Access*

- Access from above
- Access from below
- Renal/mesenteric branches
- Renal/mesenteric diameters
- Parallel grafts



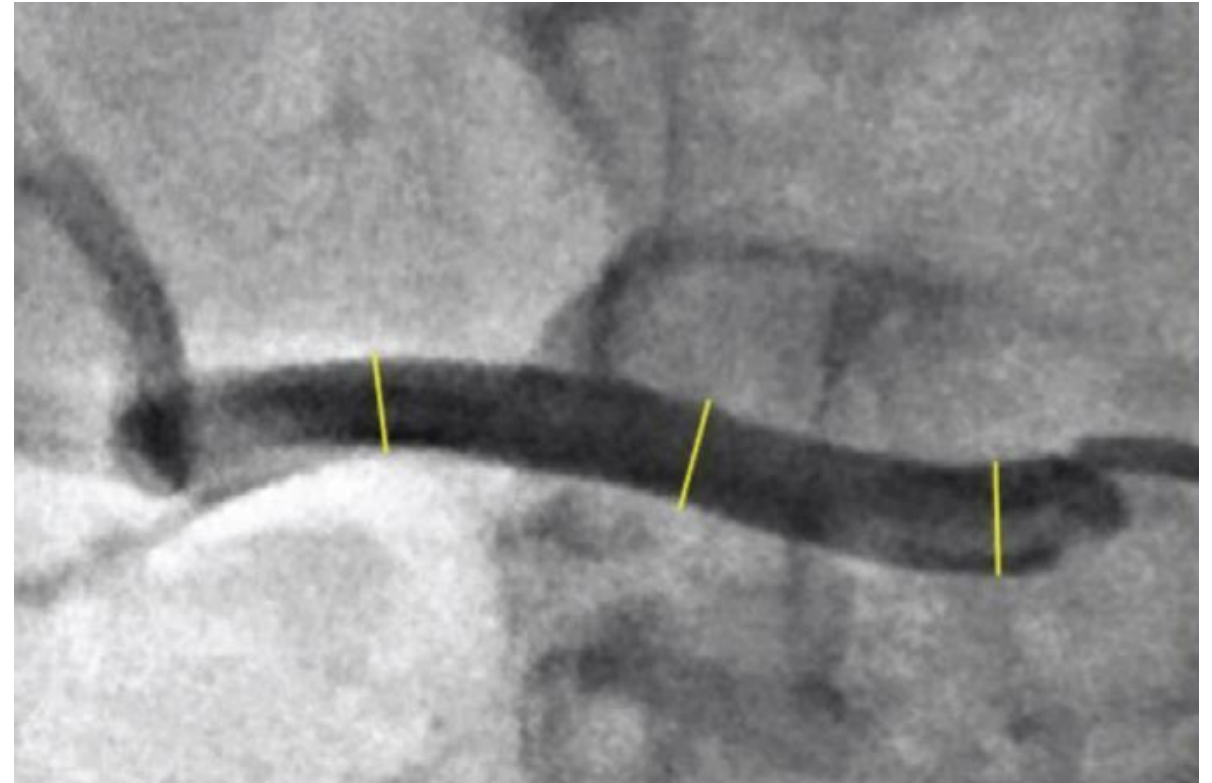
Planning: *Parallel Grafts*

- Access from above
- Access from below
- Renal/mesenteric branches
- Renal/mesenteric diameters
- Parallel grafts



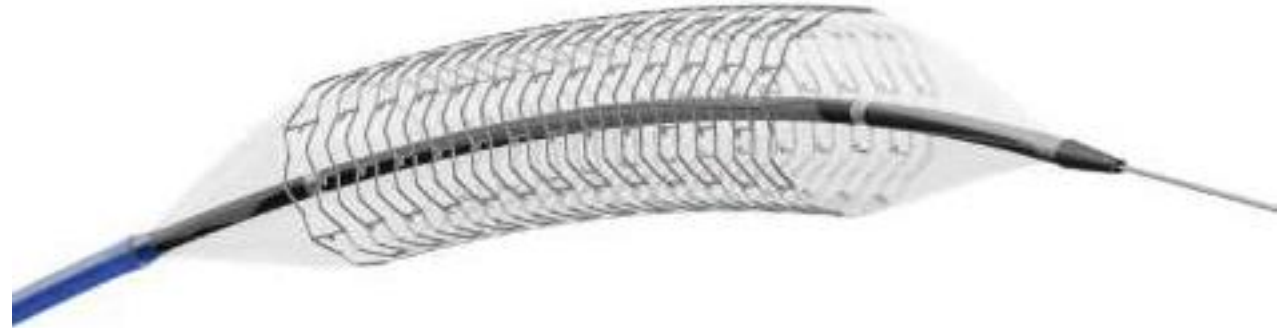
Planning: *Parallel Grafts*

- Access from above
- Access from below
- Renal/mesenteric branches
- Renal/mesenteric diameters
- Parallel grafts

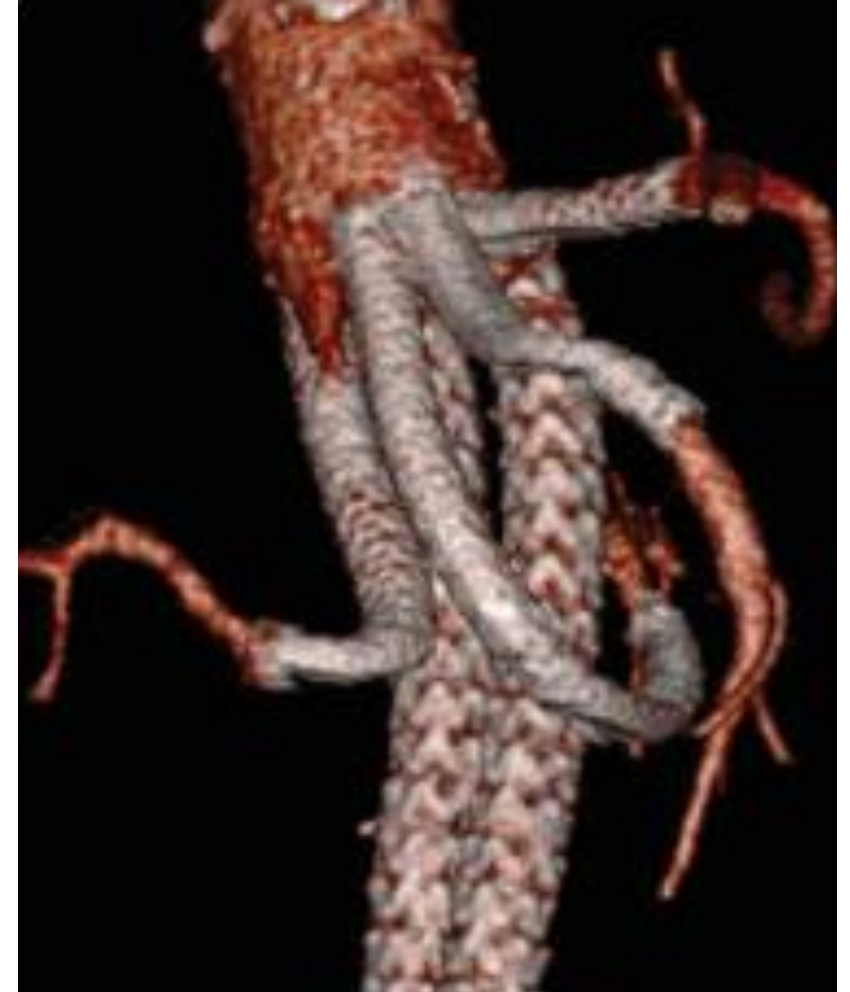
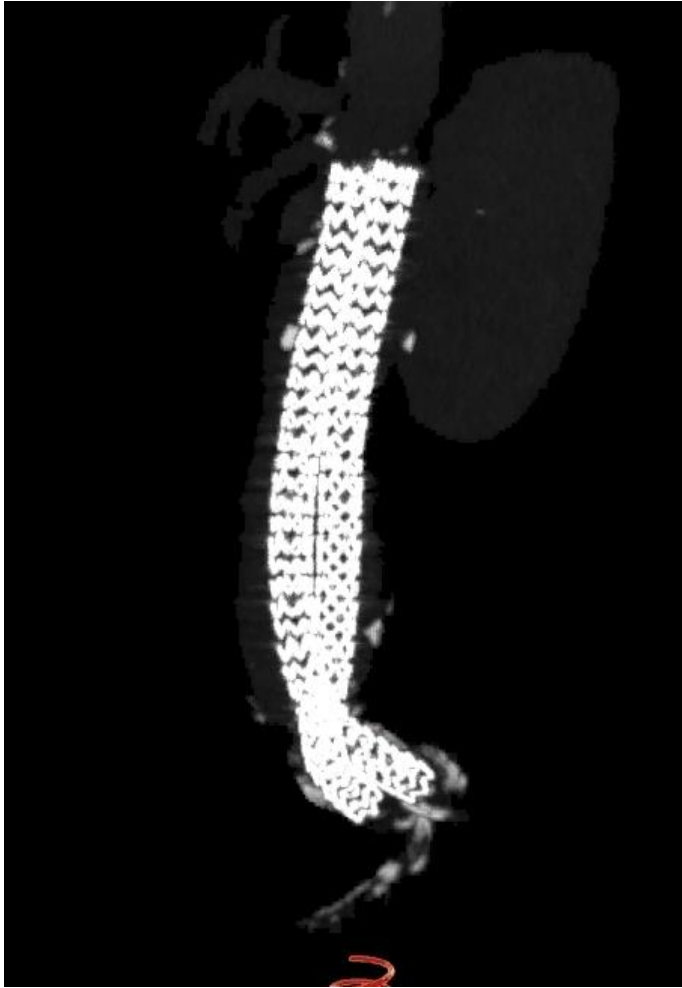


Planning: *Parallel Grafts*

- Access from above
- Access from below
- Renal/mesenteric branches
- Renal/mesenteric diameters
- Parallel grafts



Optimum Seal: *Ch-EVAS Needs 15mm Neck*



- Post-market registry of the Nellix System with Chimney Stents
- Open-label, single-arm, no prospective screening
- 200 patients, 10 international centers, 5y F/U
- Endpoints typical of EVAR in complex AAA



De Novo Procedures (154)

Single
40.3%

N=62

LRA = 33, RRA = 27

SMA = 1

Not Specified = 1



Double
35.1%

N=54

Both RA = 49

RA and SMA = 4

Not Specified = 1



Triple
17.5%

N=27

Both RA, SMA = 24

RA, SMA, CA = 2

Not Specified = 1



Quadruple
7.1%

N=11

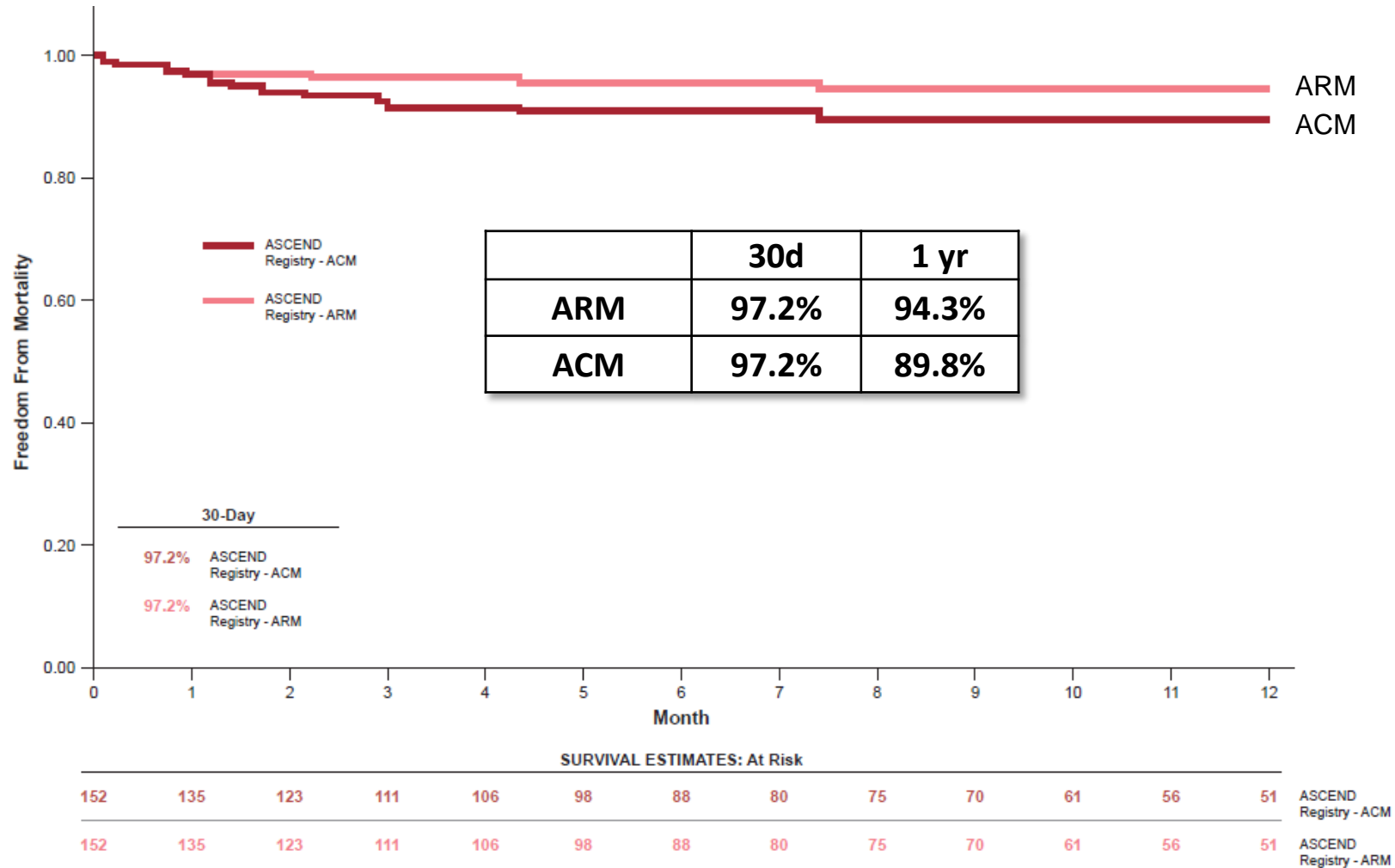
Both RA, SMA, CA



Outcomes at 30days

	n	%
Mortality	4/154	2.6%
Stroke	4/154	2.6%
Renal Failure	2/154	1.3%

Freedom from Mortality



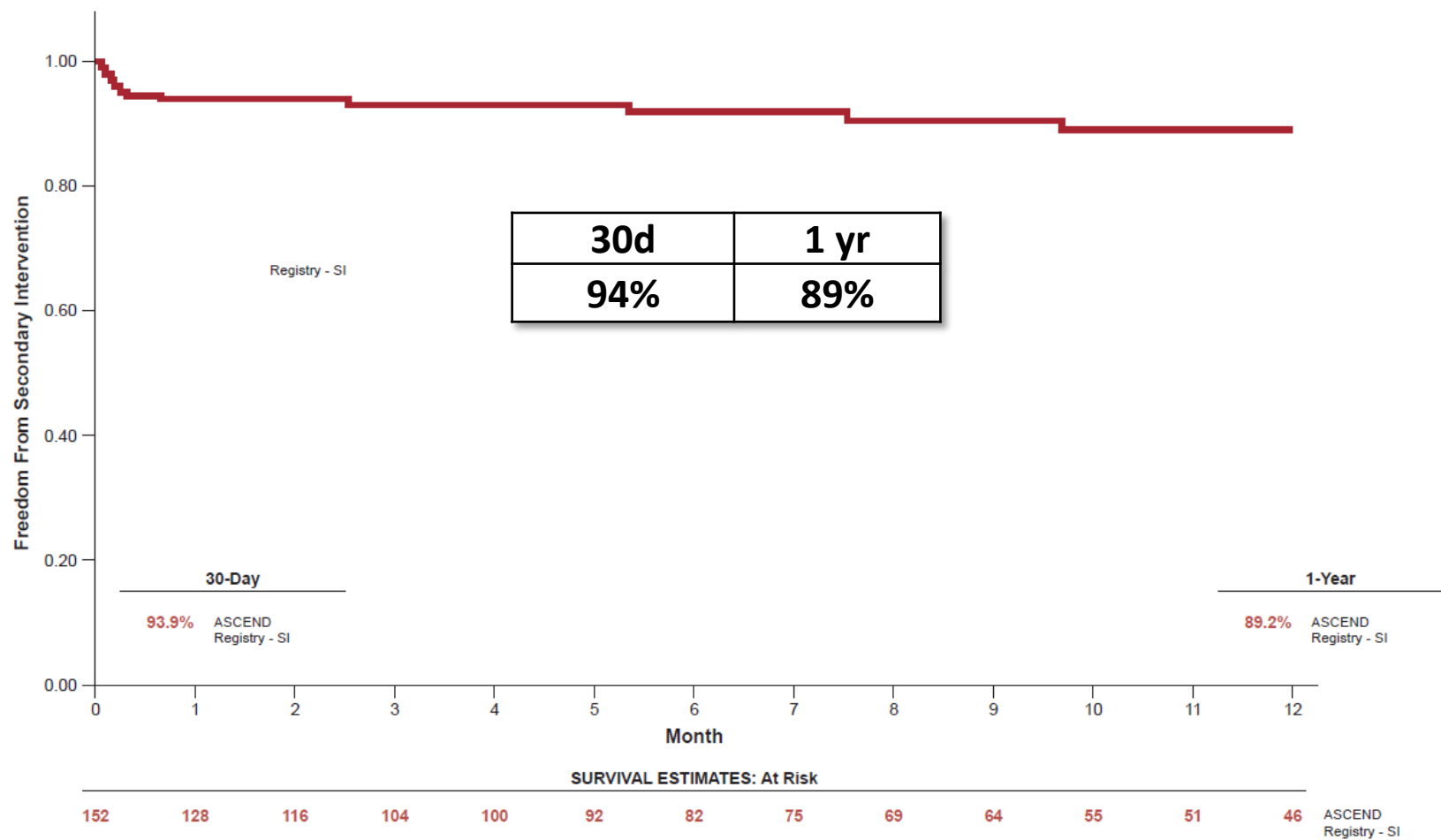
All Endoleak

	Total	Type Ia	Type Ib	Type II	Type III
Early (154)	1.9% (3)	0.6% (1)	1.3% (2)	0%	0%
Late (136)	2.9% (4)	2.9% (4)	0%	0%	0%

Type 1a Endoleak

	Total	Single	Double	Triple- Quadruple
Early (154)	0.6% (1/154)	0% (0/62)	1.9% (1/54)	0% (0/38)
Late (136)	2.9% (4/136)	5.2% (3/58)	0% (0/51)	2.9% (1/34)

Freedom from Secondary Intervention



Summary

- Ch-EVAS offer an alternative for short neck aaa
- Theoretical advantages in EVAS
- Needs a healthy neck
- Careful planning is the key
- Early results acceptable for both
- Long term results and endograft durability vital

