

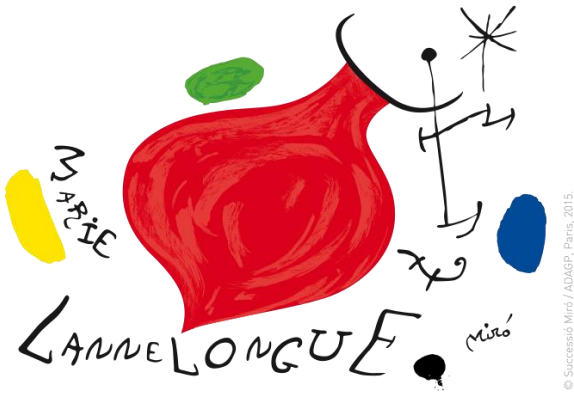
# FEVAR

## I never use access from above!

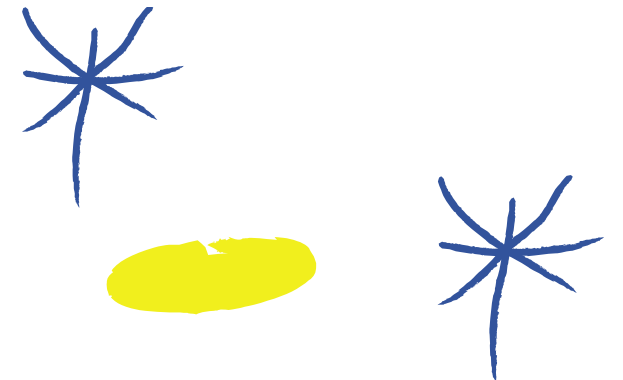
Stéphan Haulon,

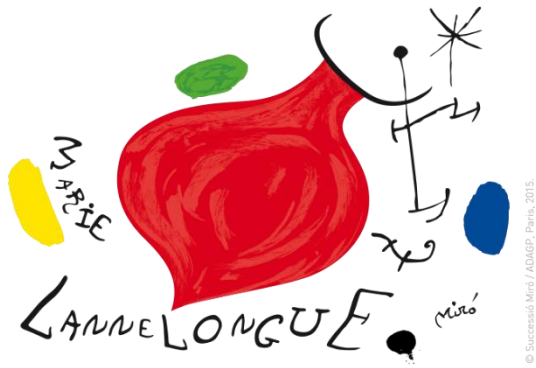
D. Fabre, R. Soler, S. Mussot, O. Mercier, D. Mitilian, E. Fadel

Centre de l'Aorte, Hôpital Marie Lannelongue,  
Université Paris Sud, France

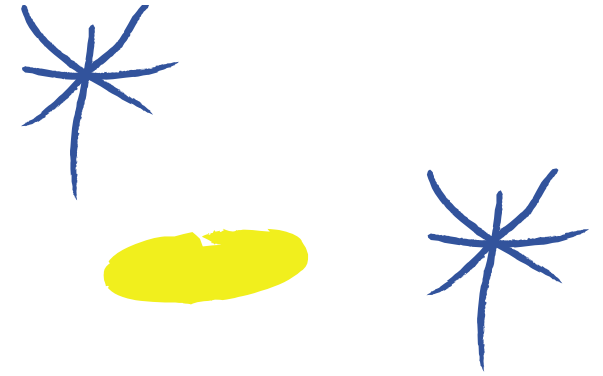


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# Disclosures



- Research support, Consulting
  - Cook Medical, GE Healthcare, Bentley

Gustavo S. Oderich  
*Editor*

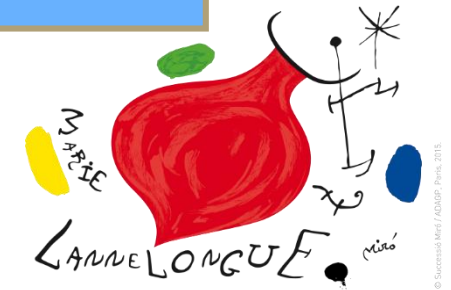
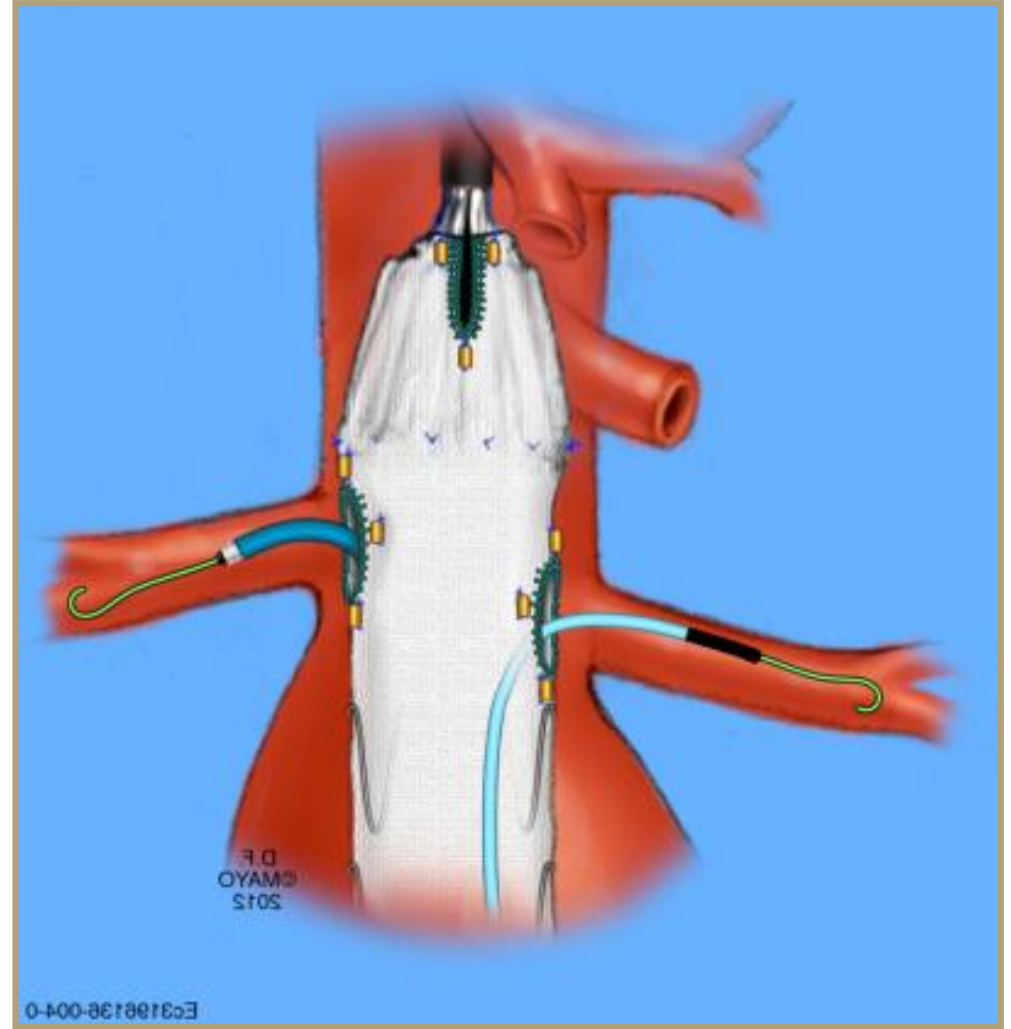
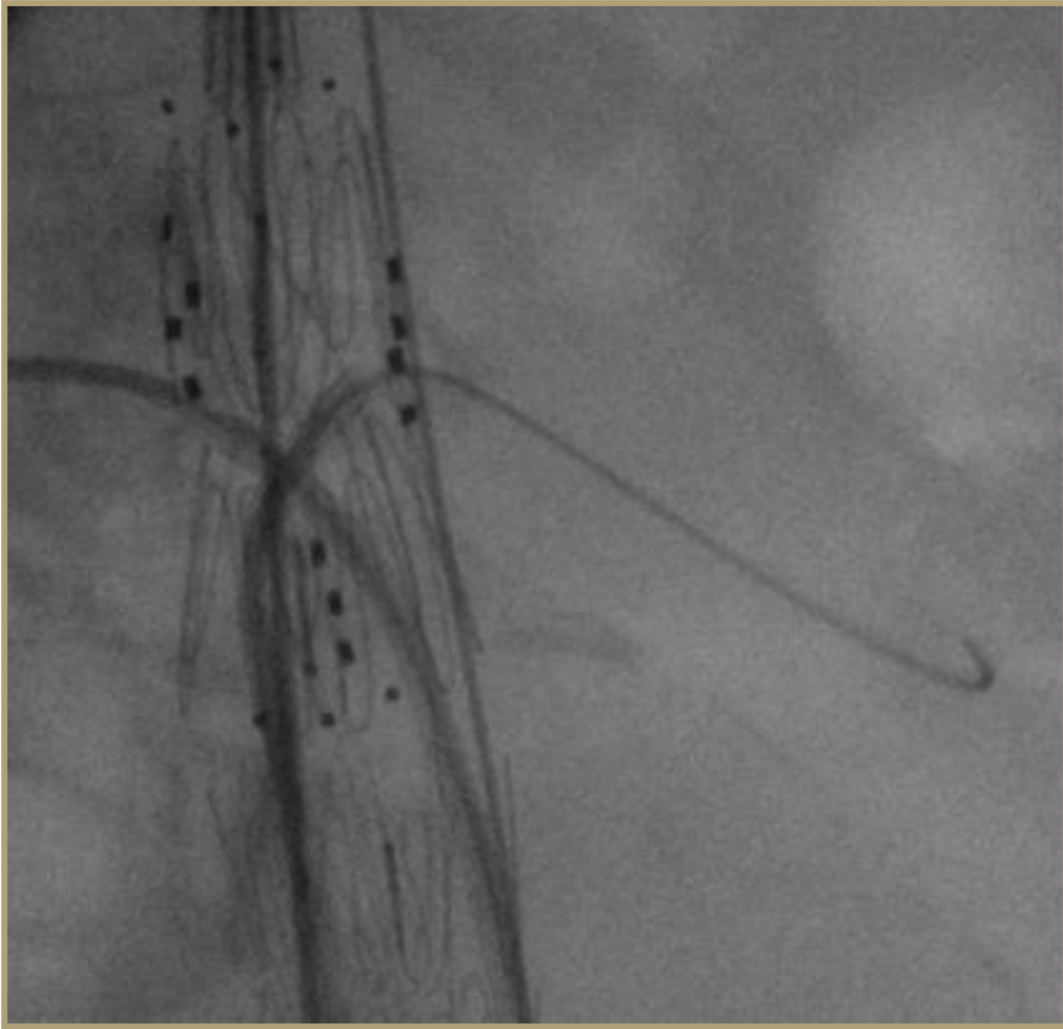
# Endovascular Aortic Repair

Current Techniques with  
Fenestrated, Branched  
and Parallel Stent-Grafts

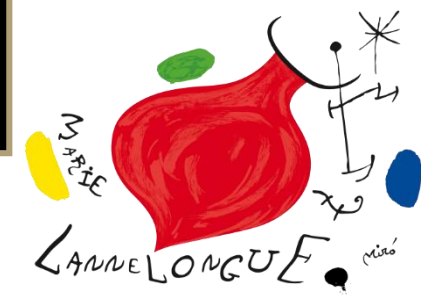
*Illustrated by David Factor*

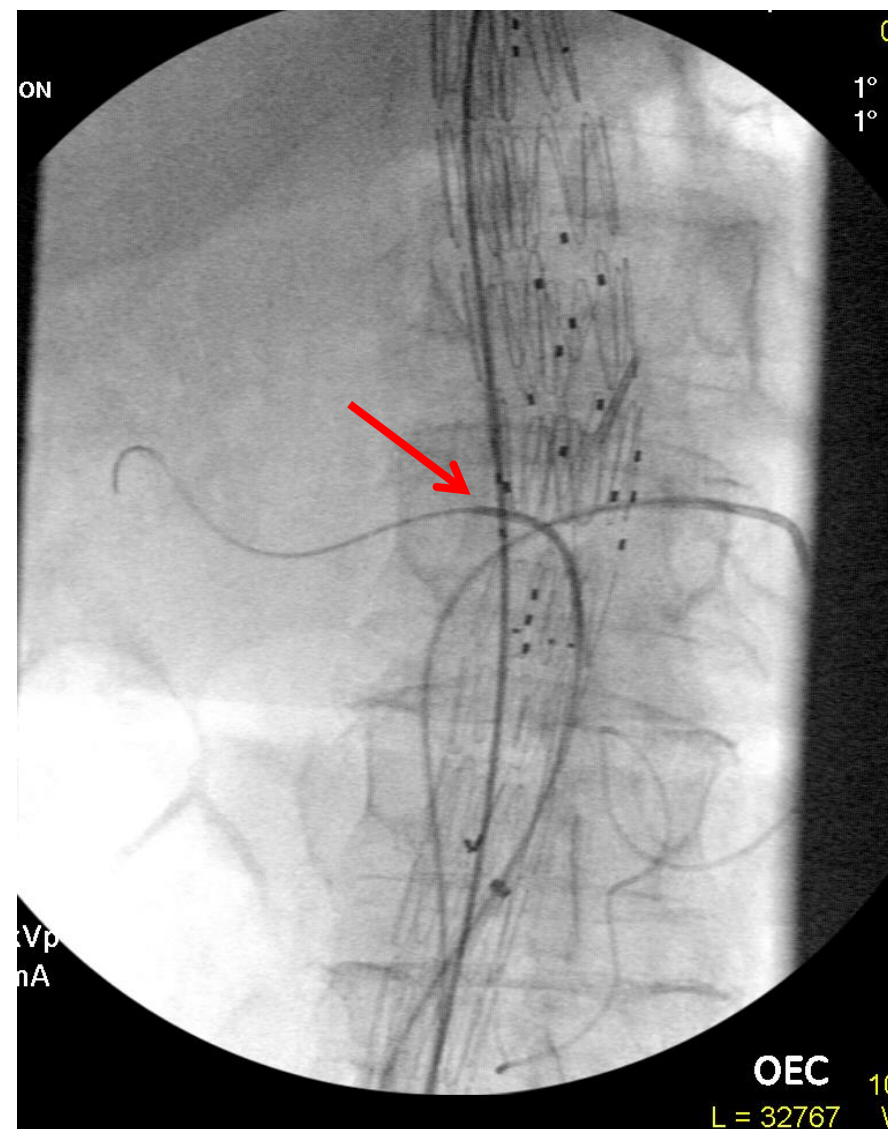
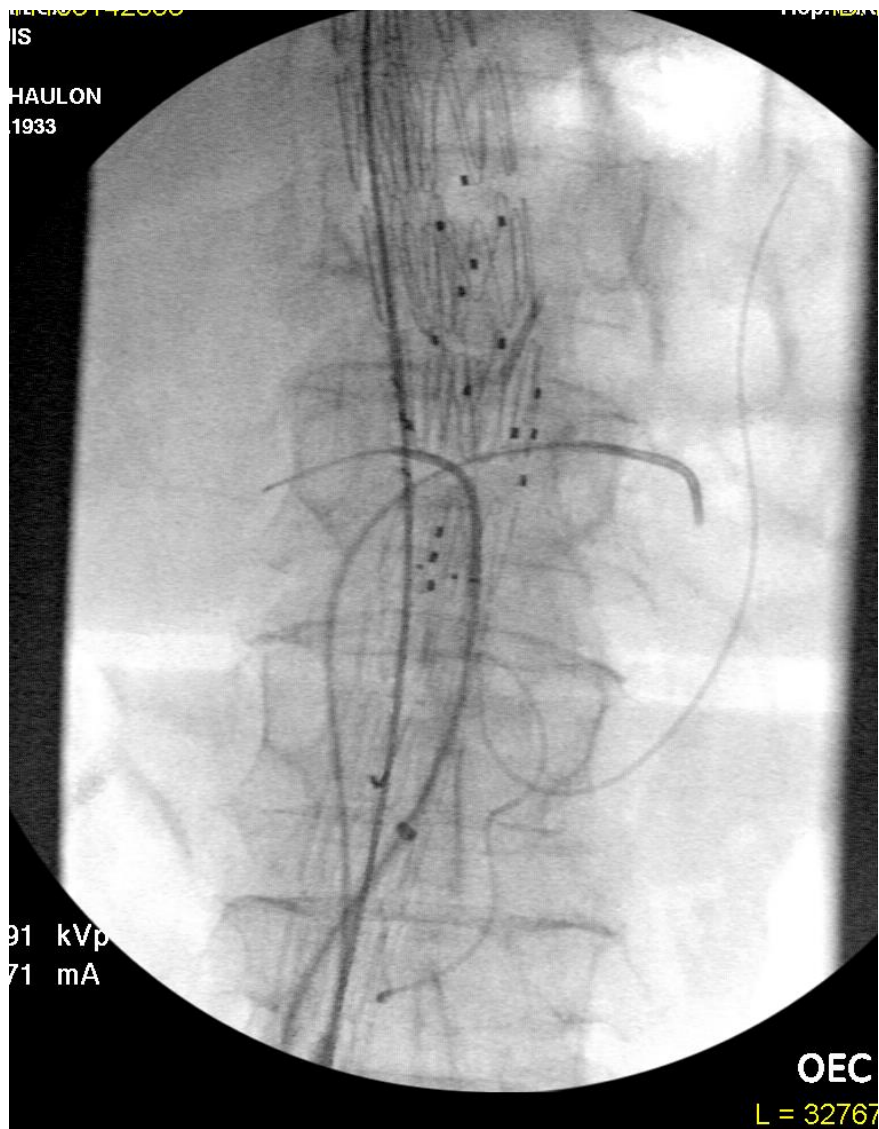
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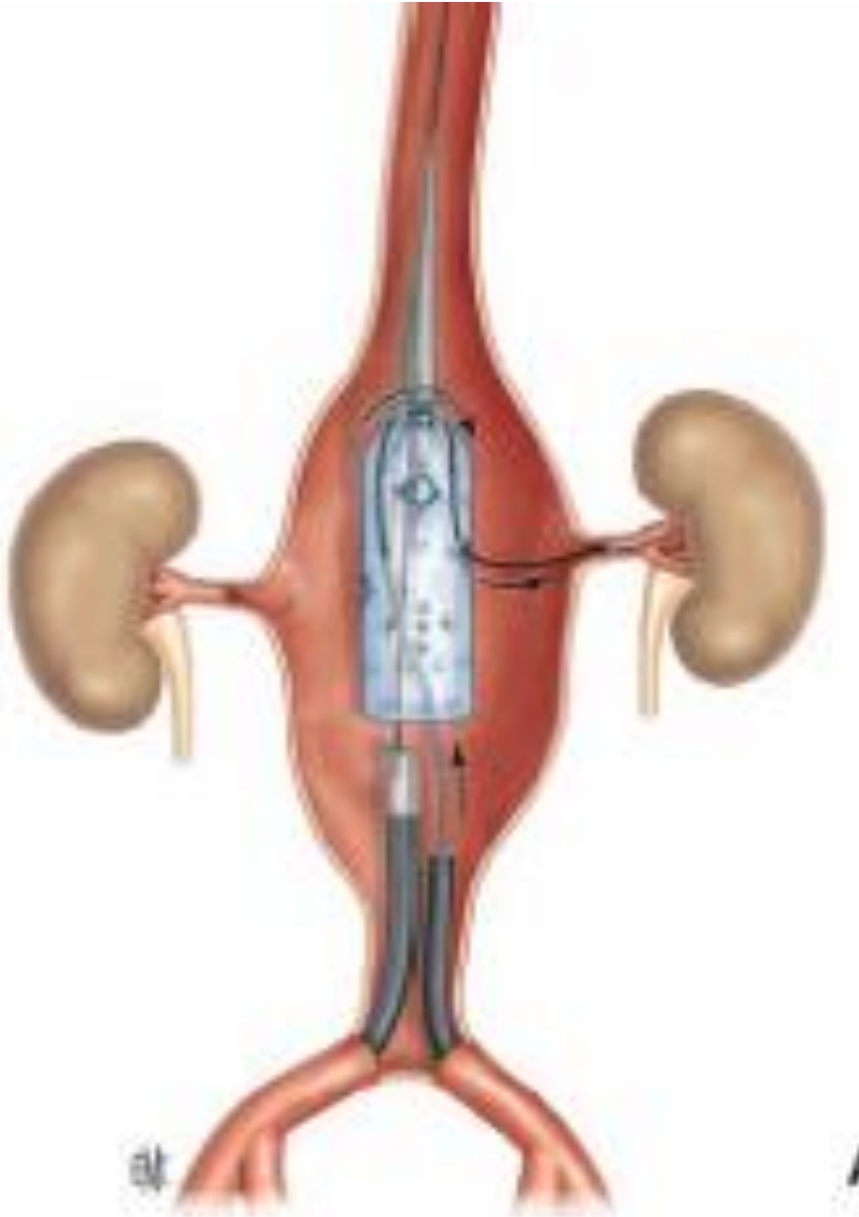




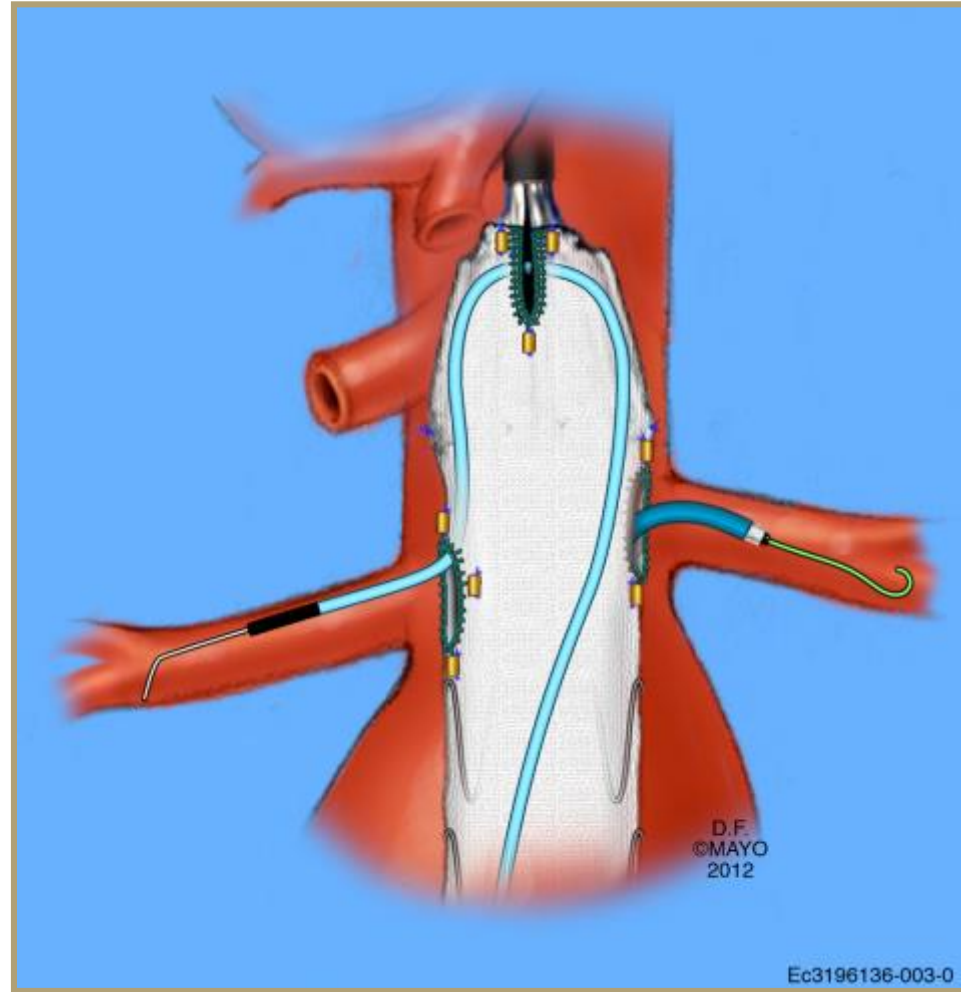
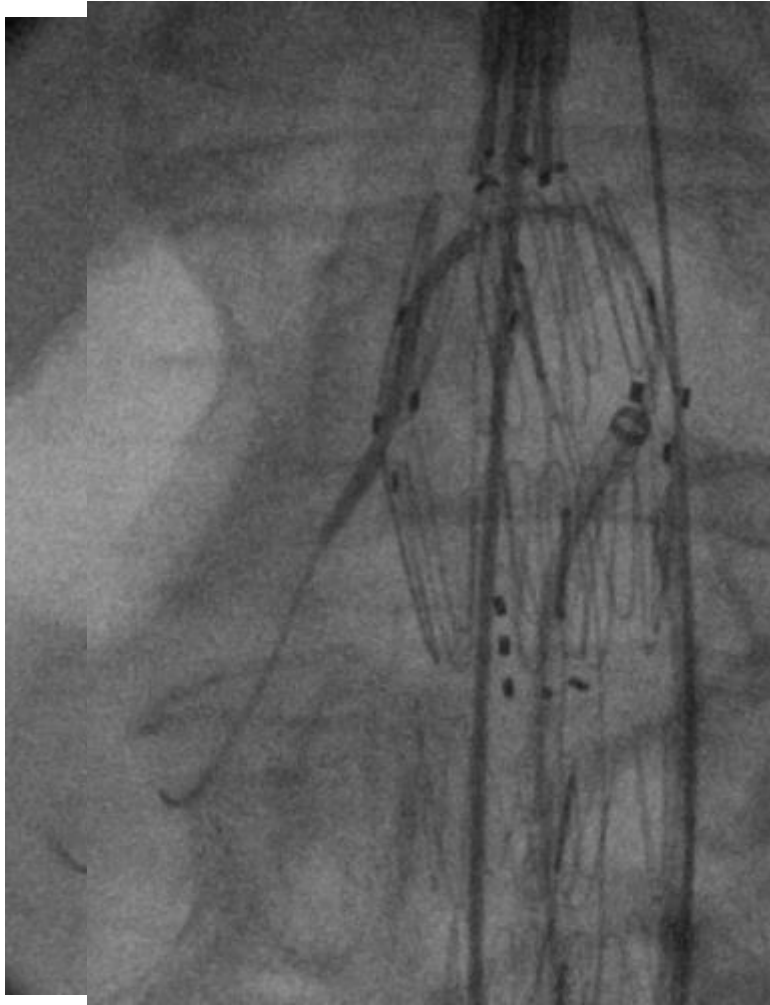




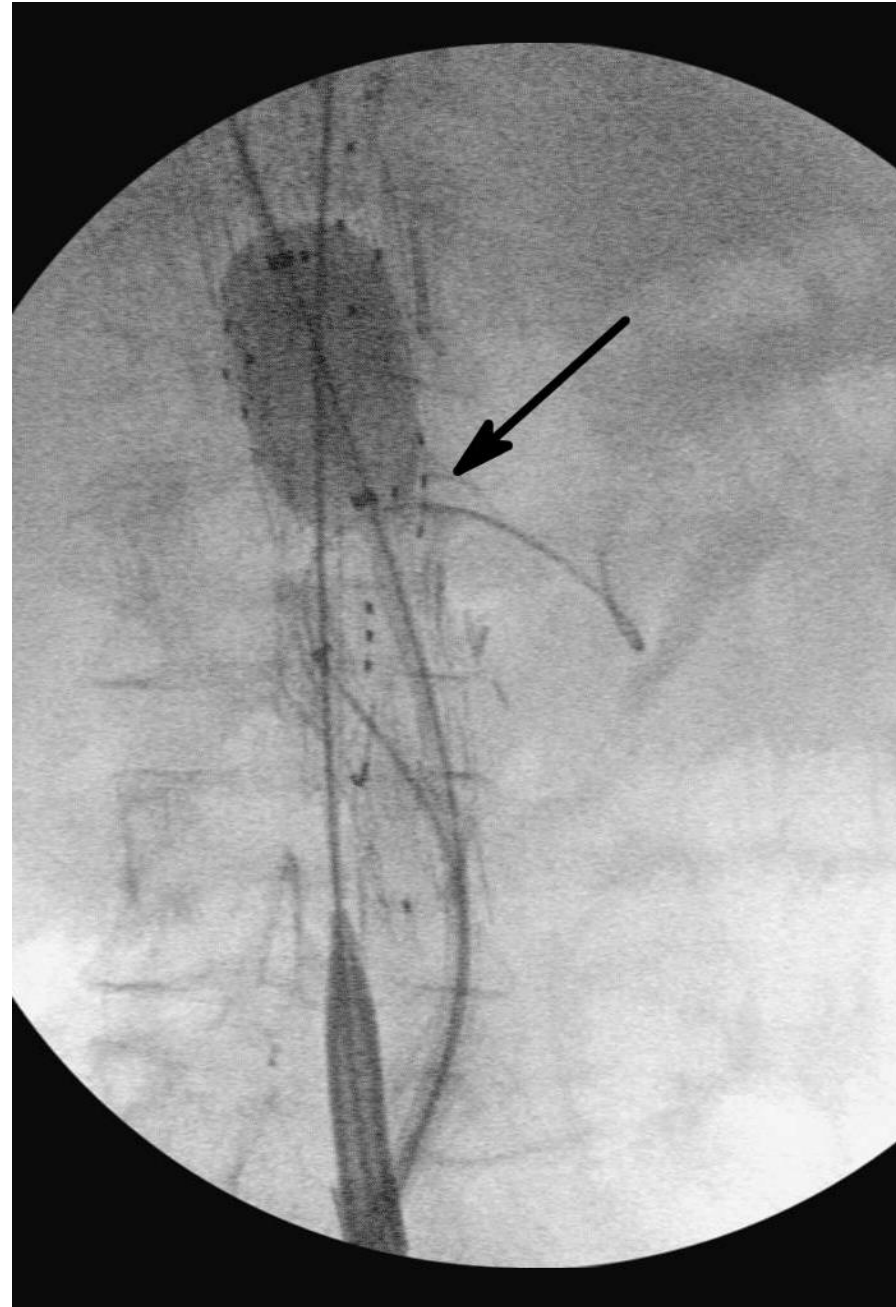
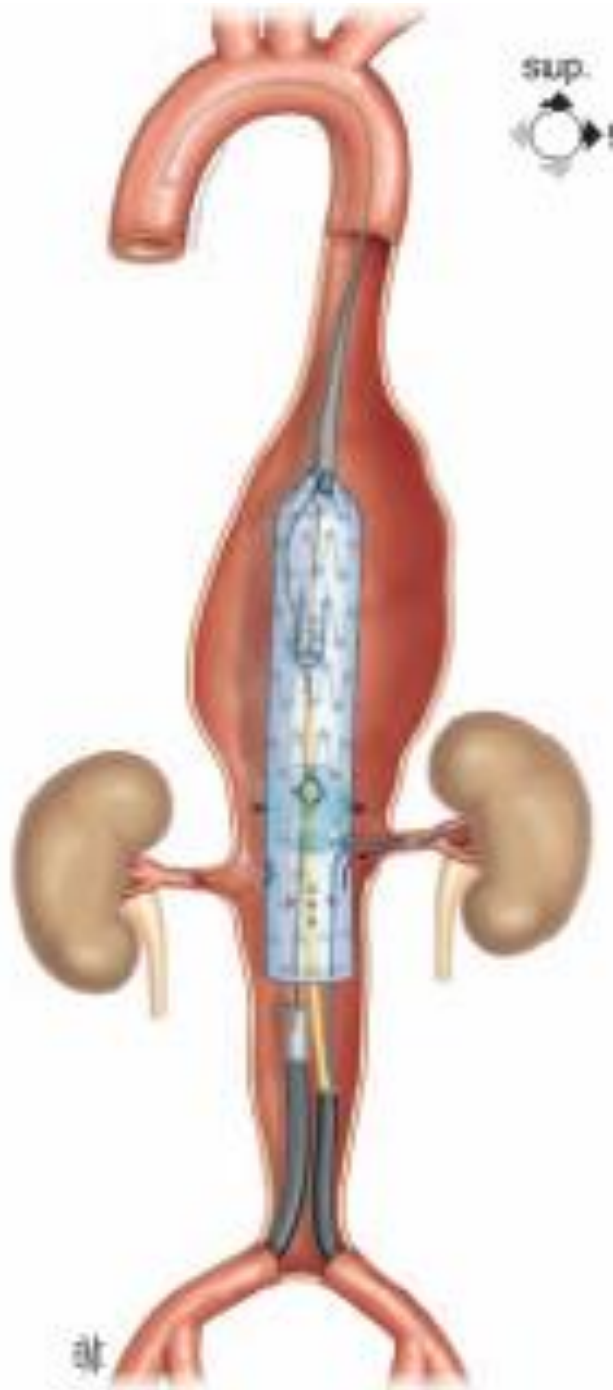
# SUPPORT FROM ABOVE







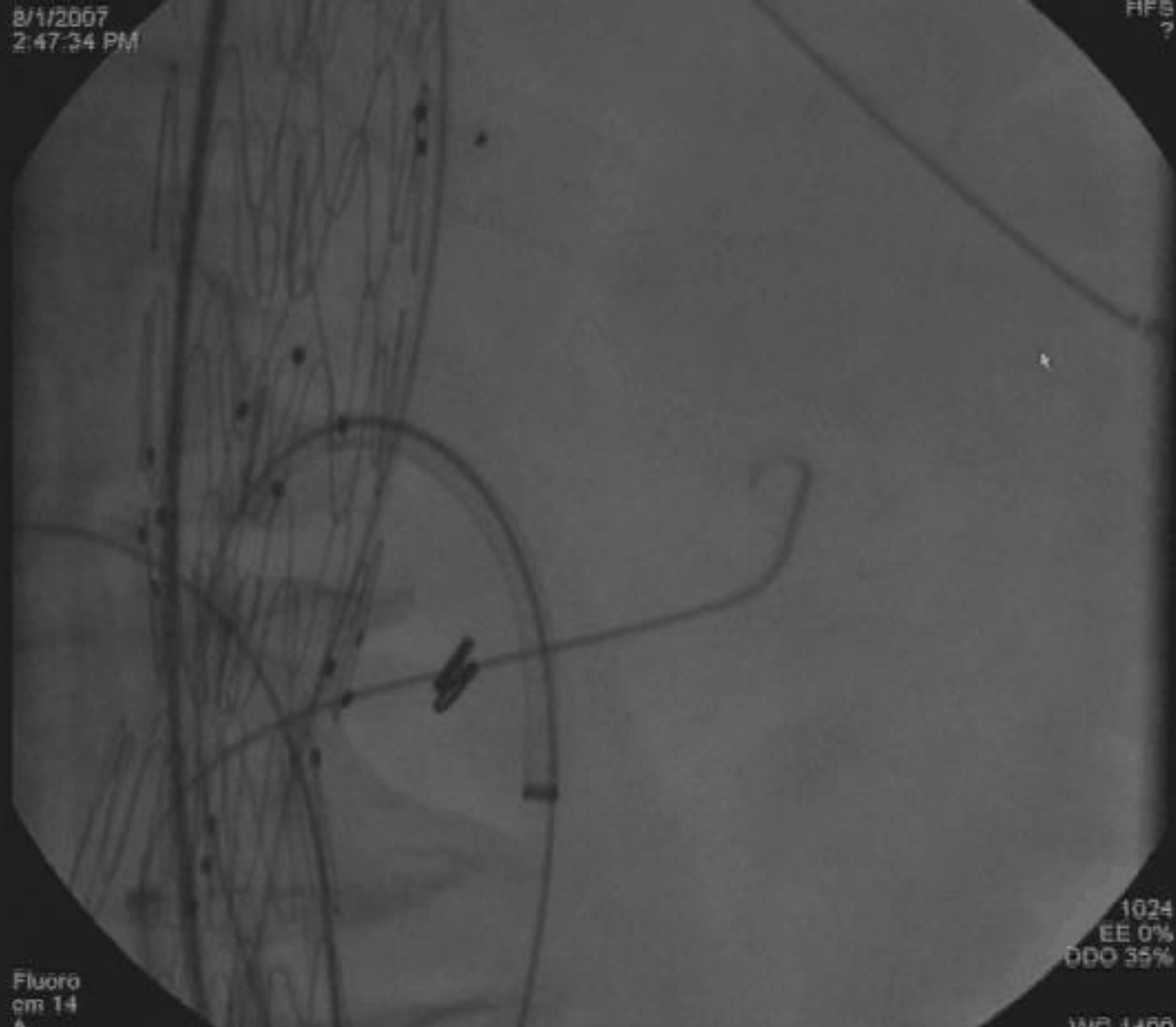




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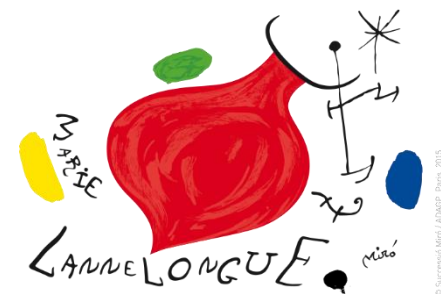
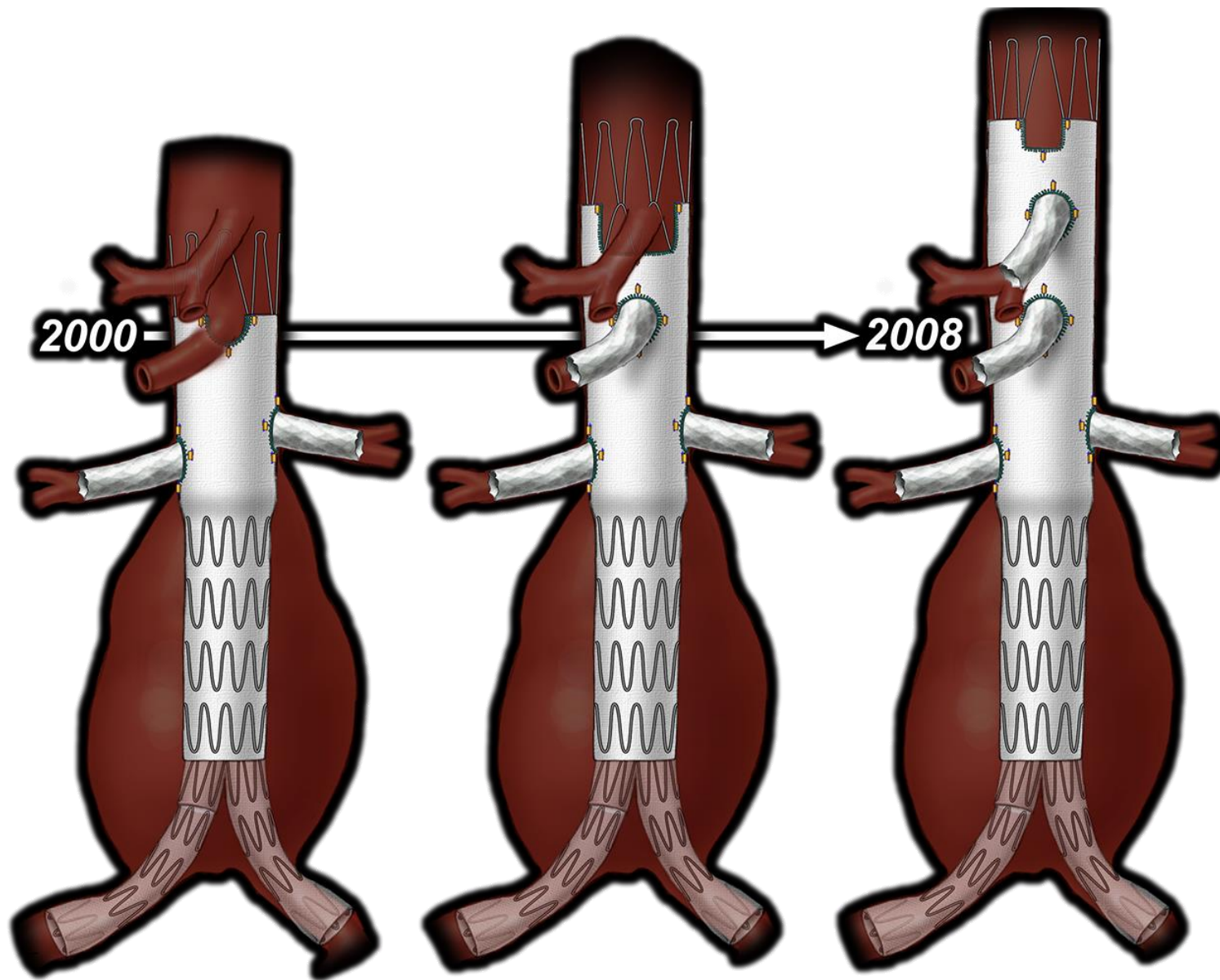
Review

Pointer

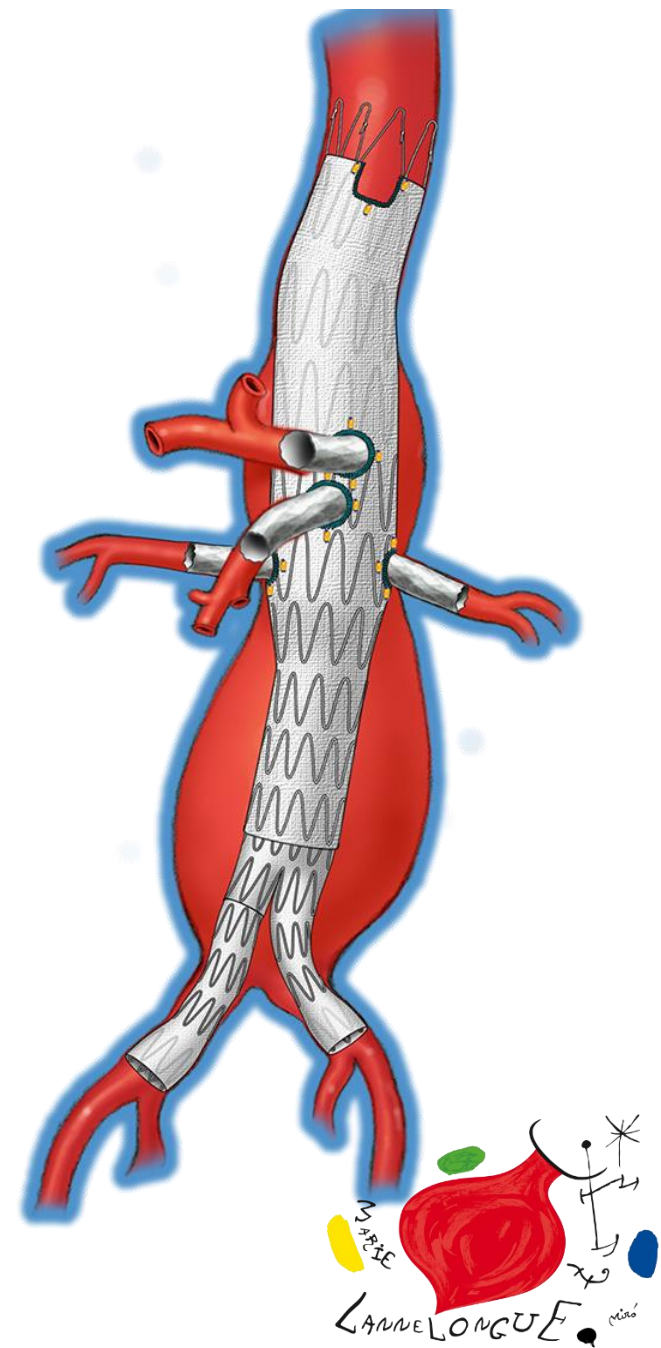
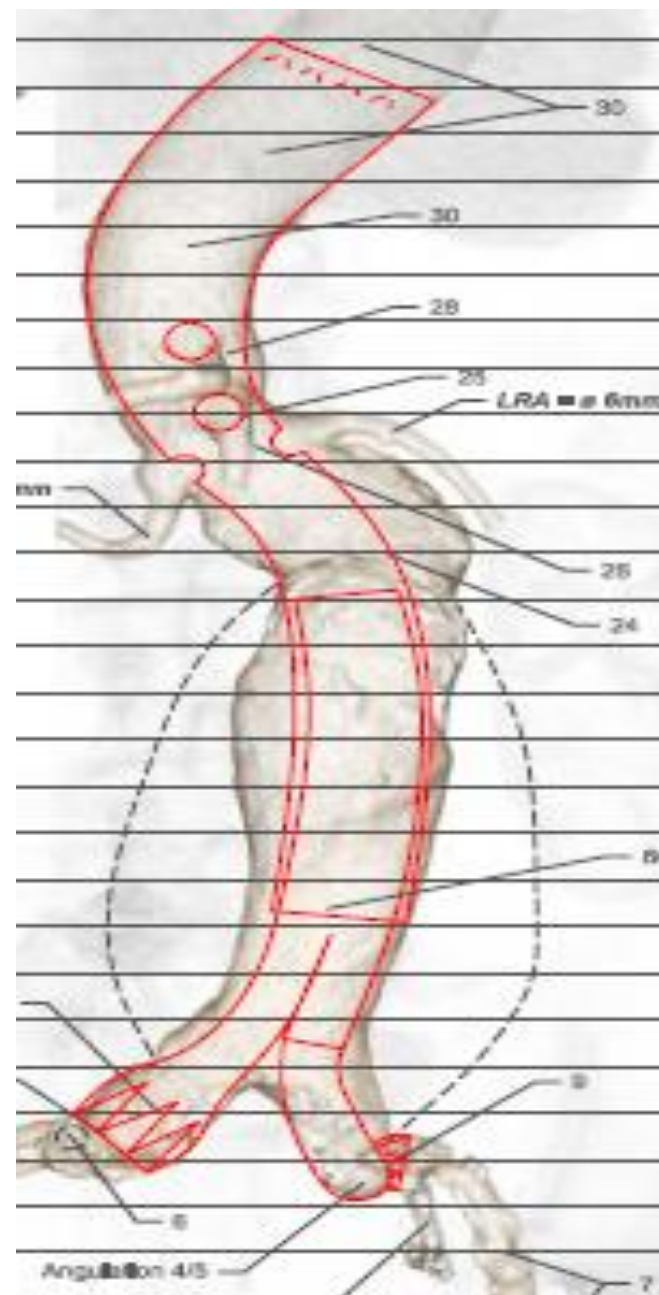
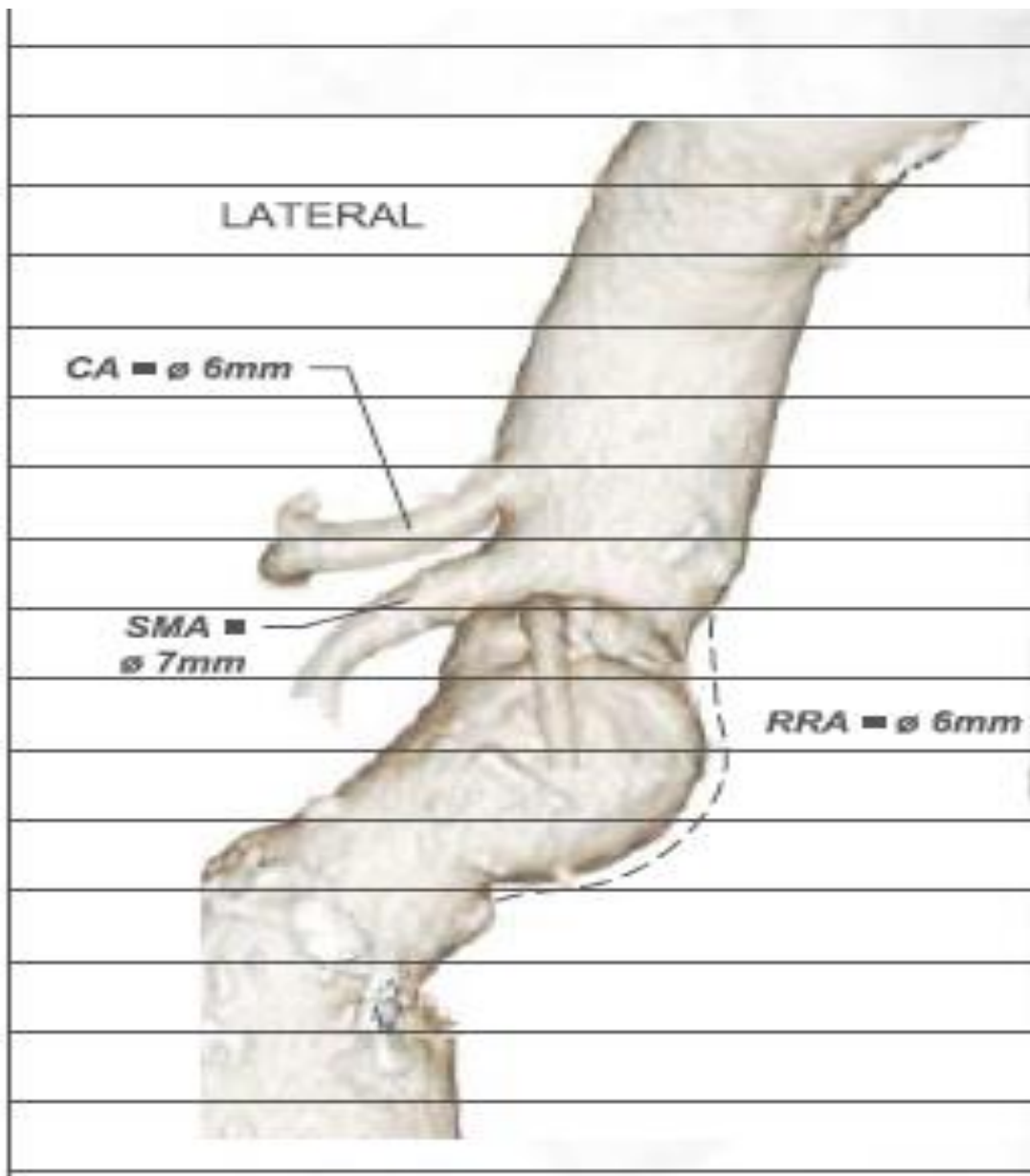
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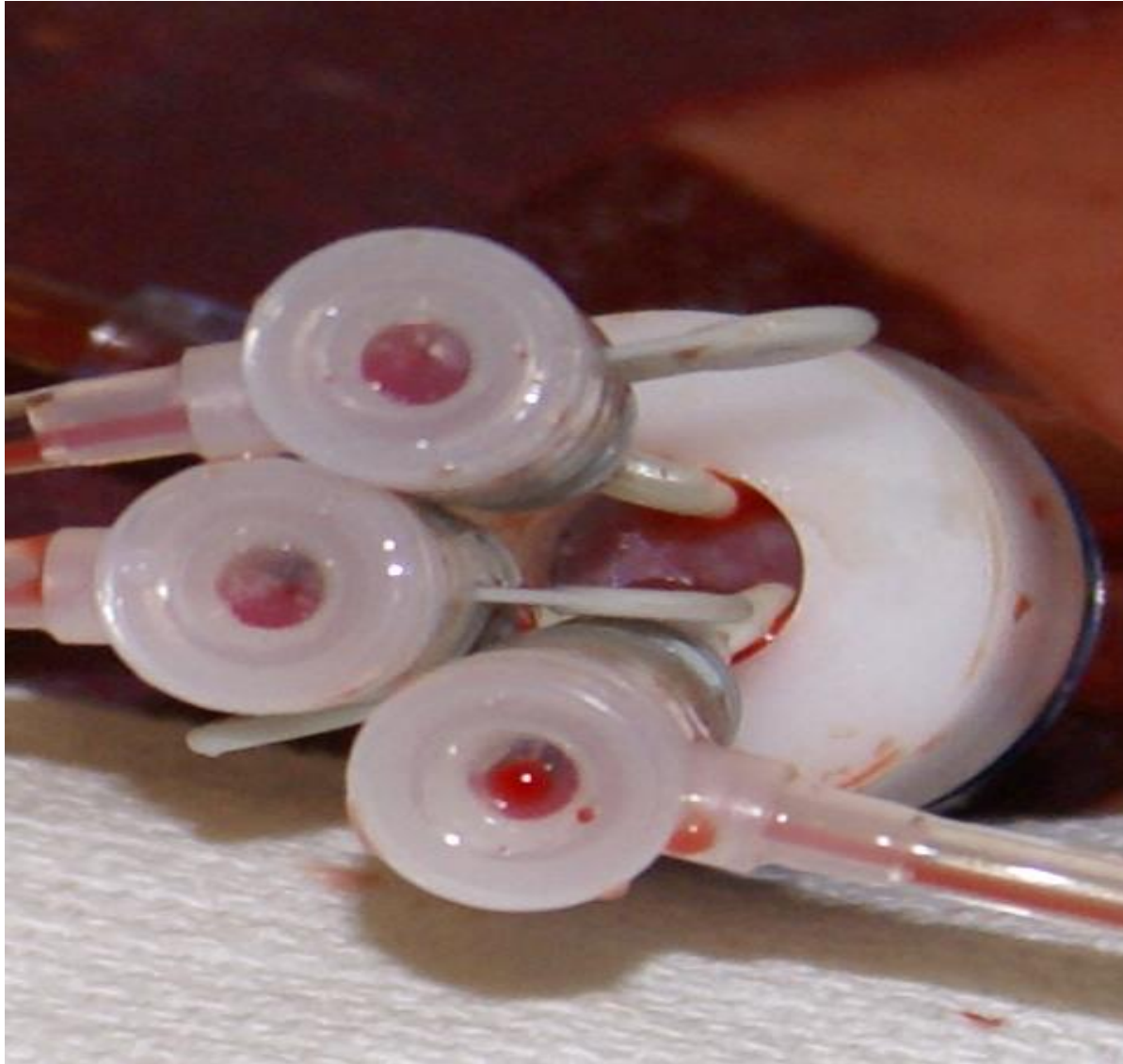
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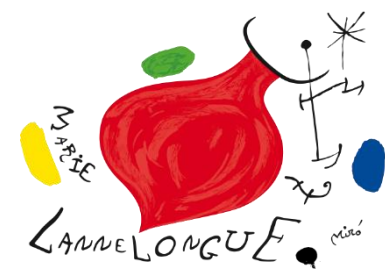


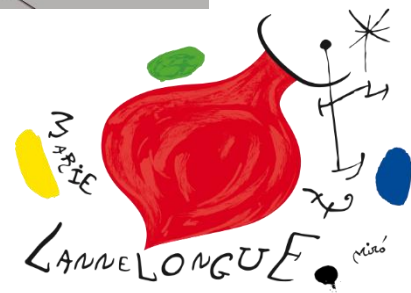
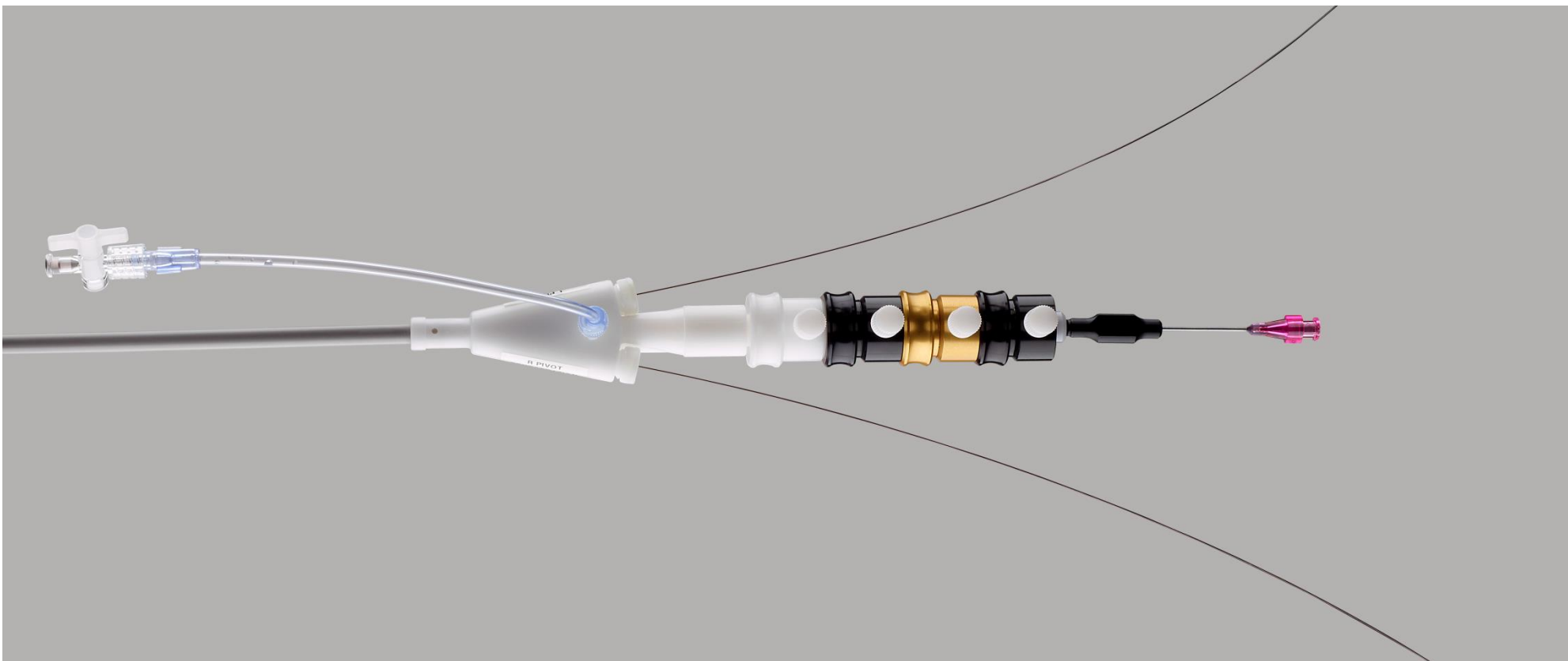


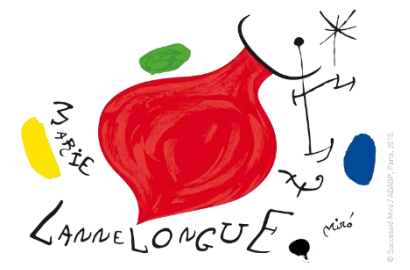
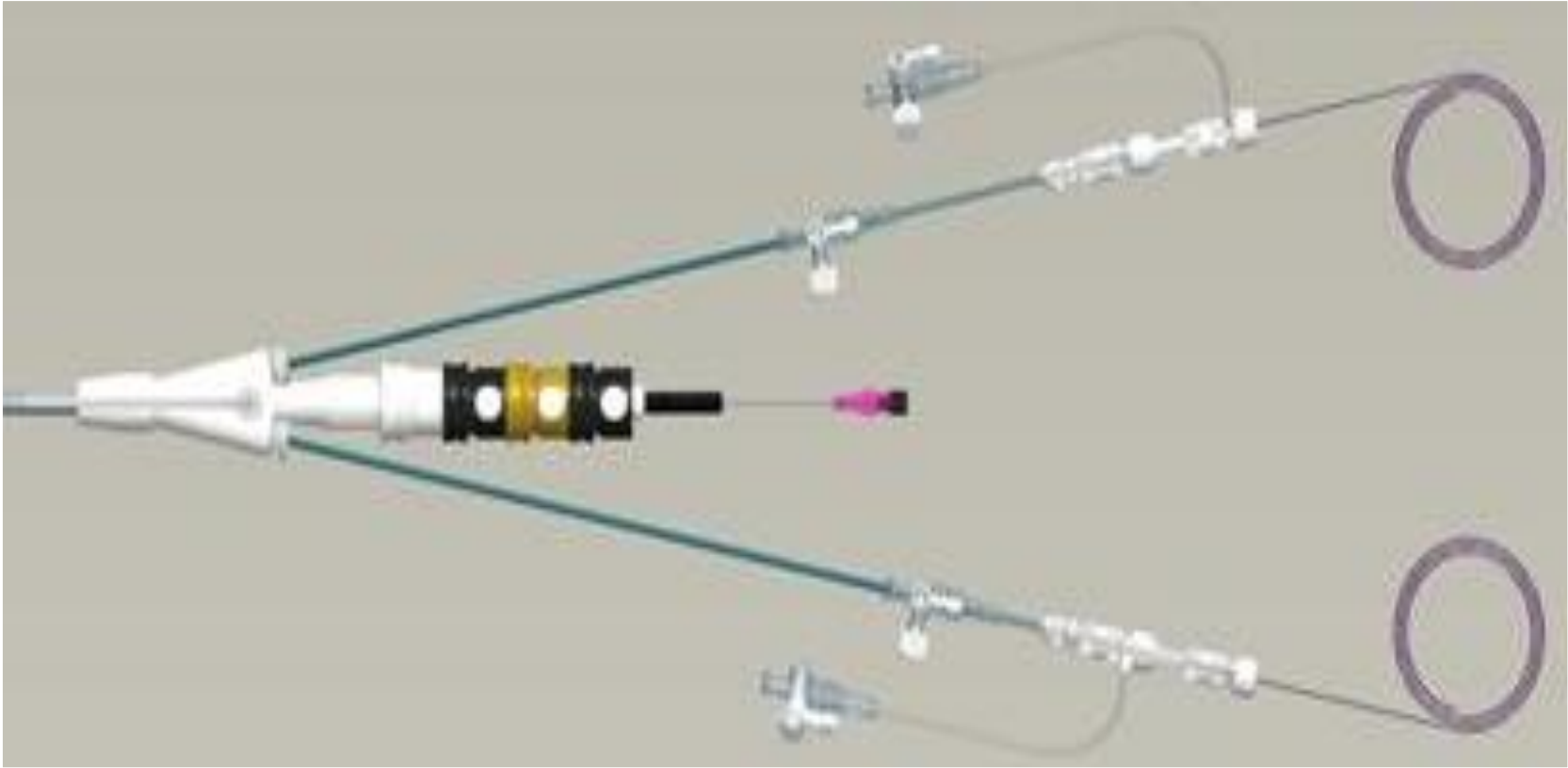




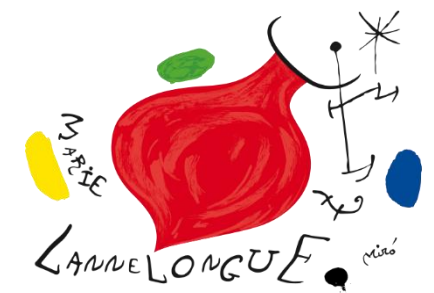
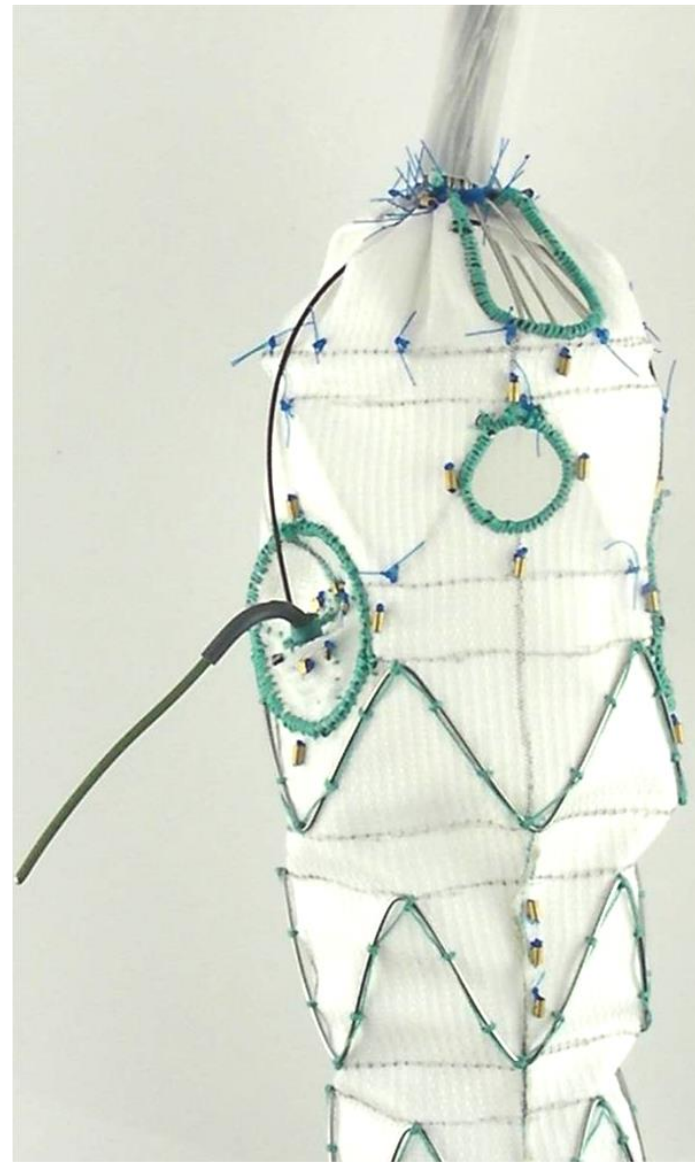




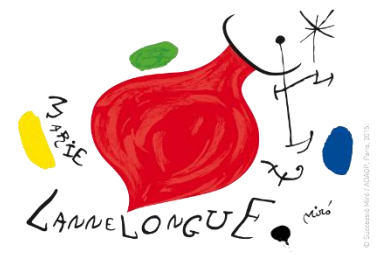
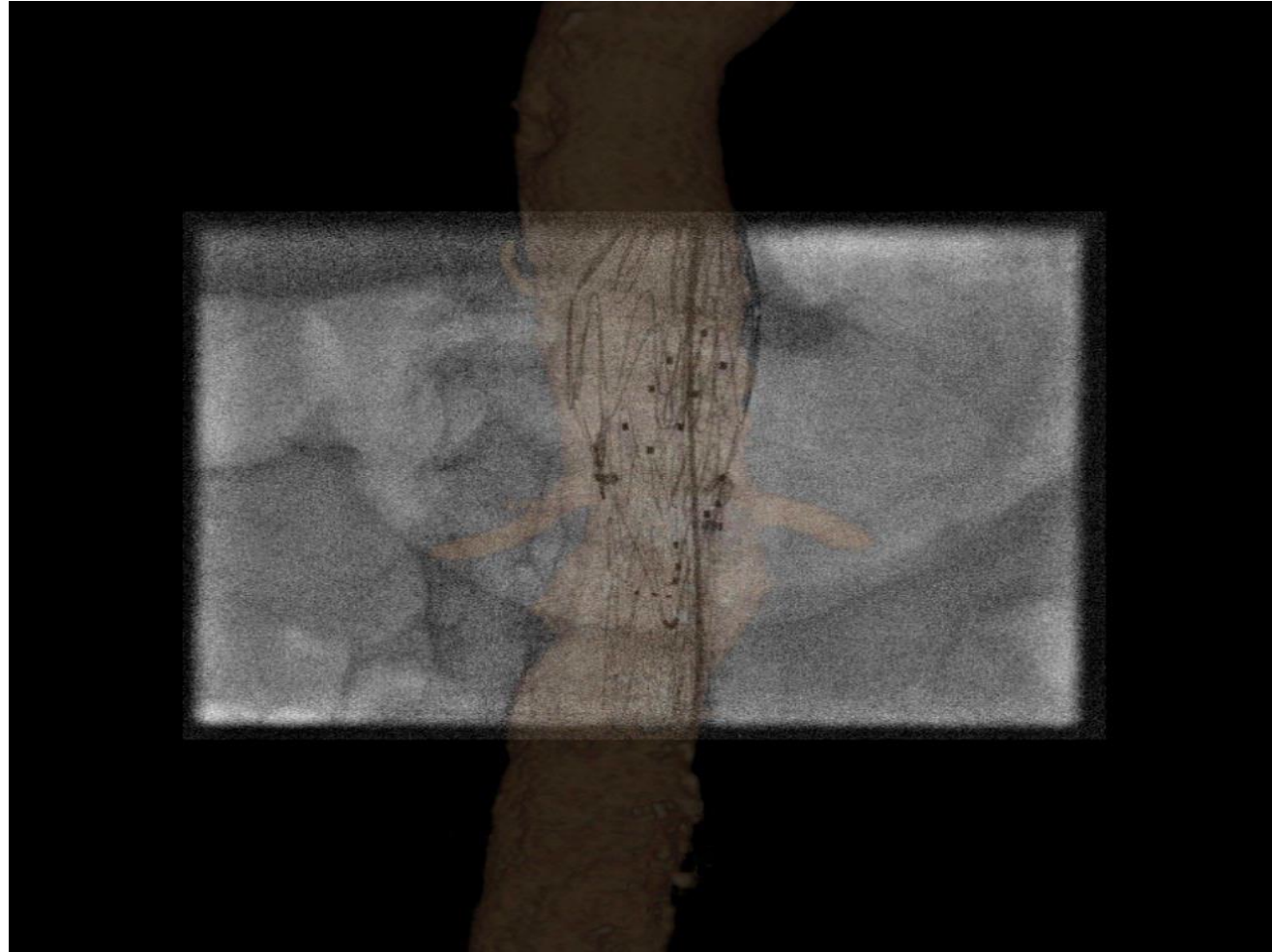








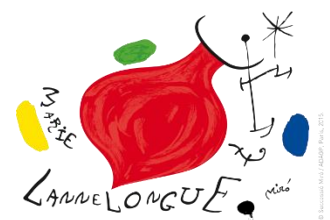
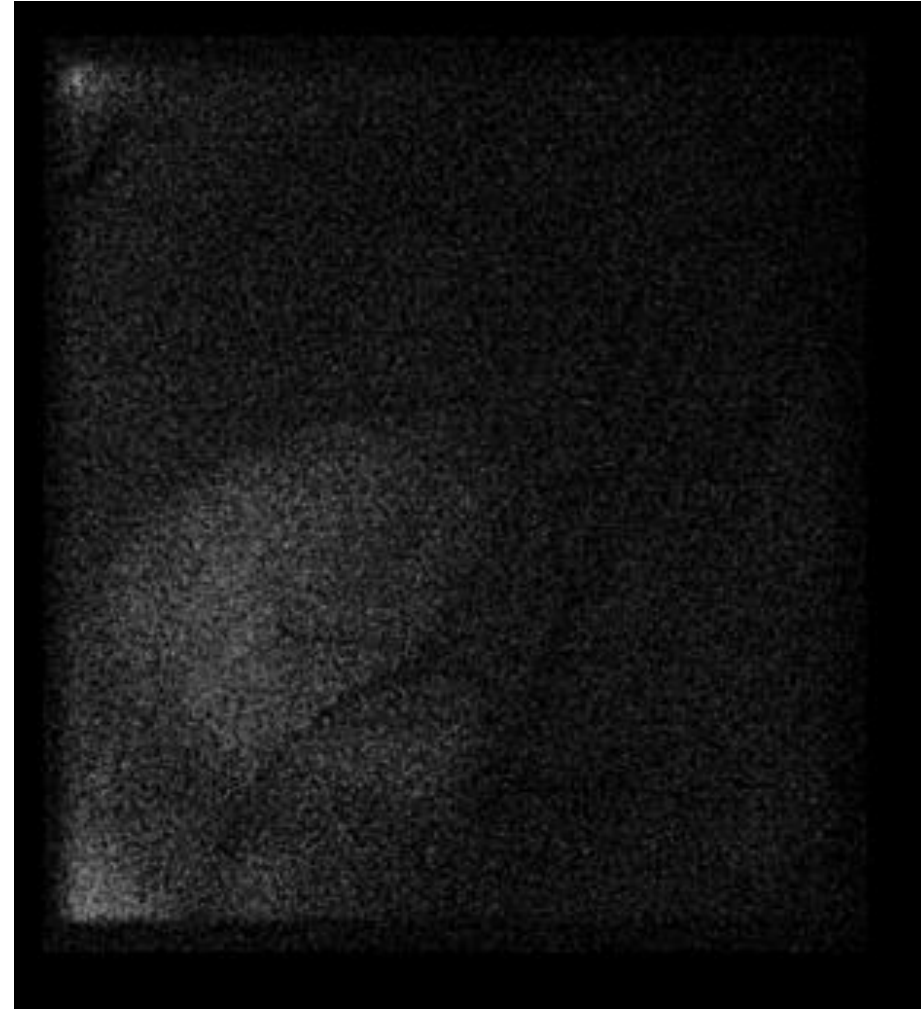


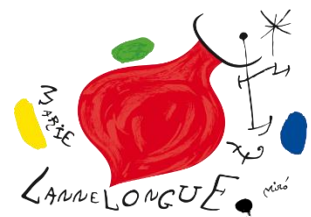
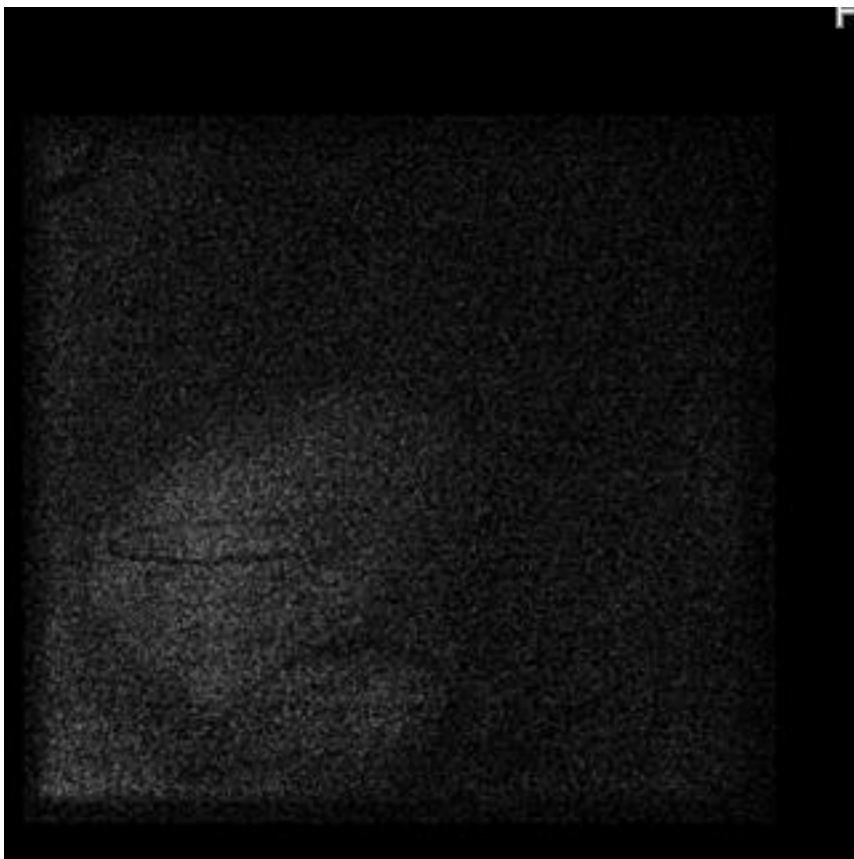


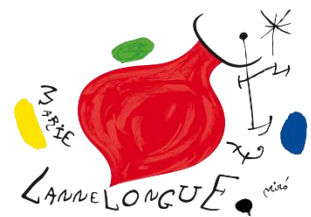
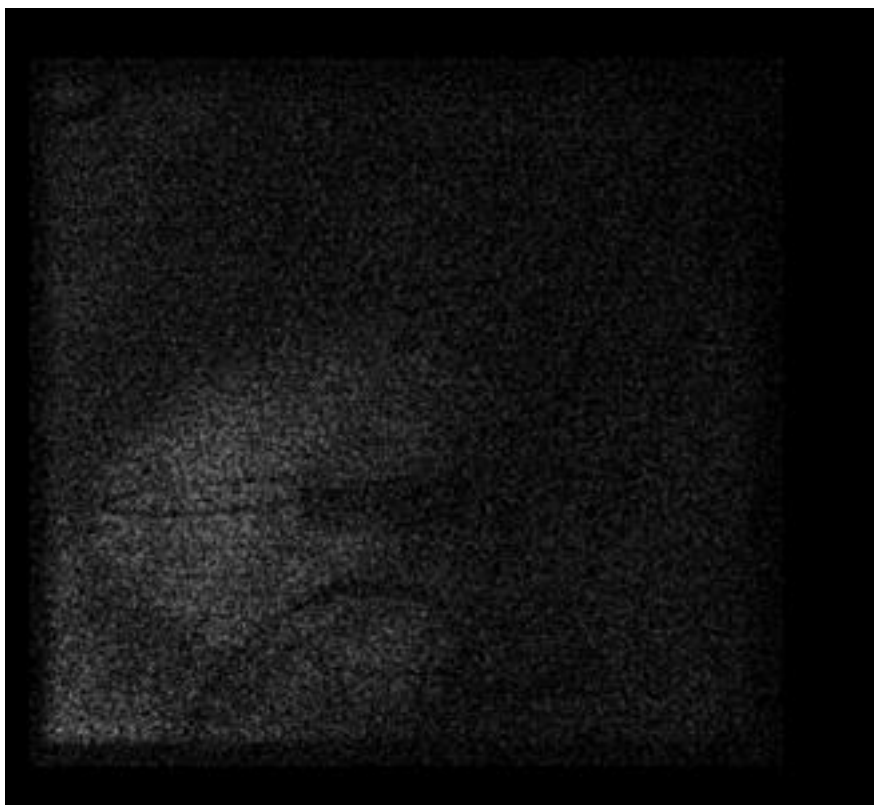




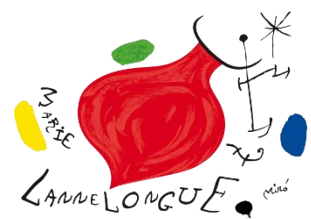
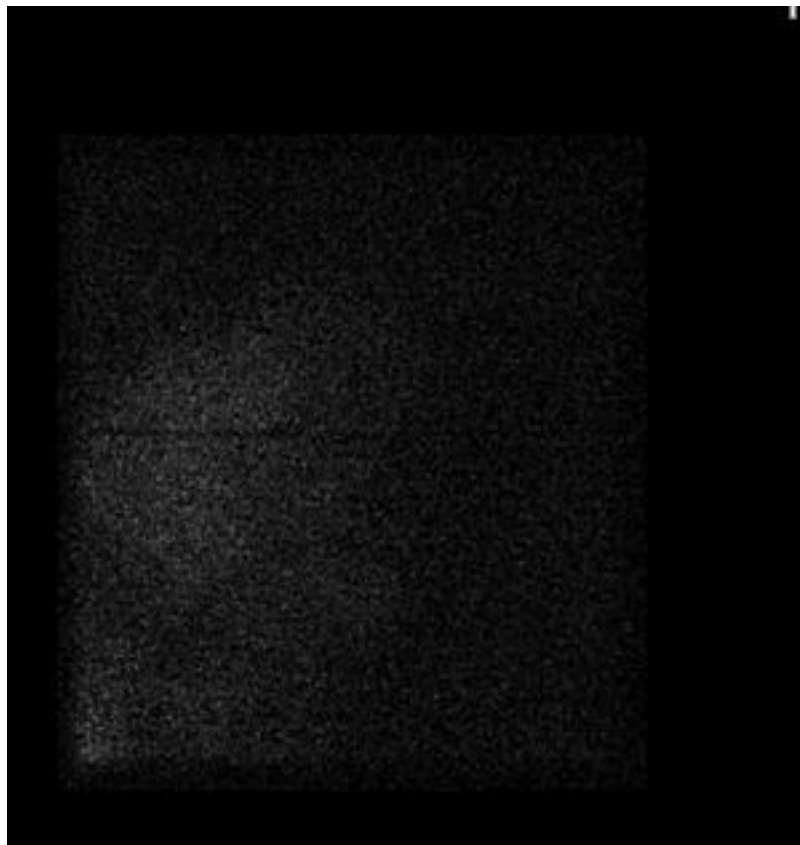






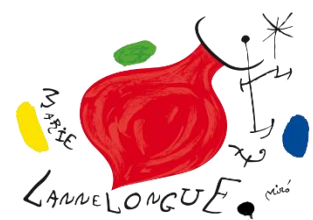
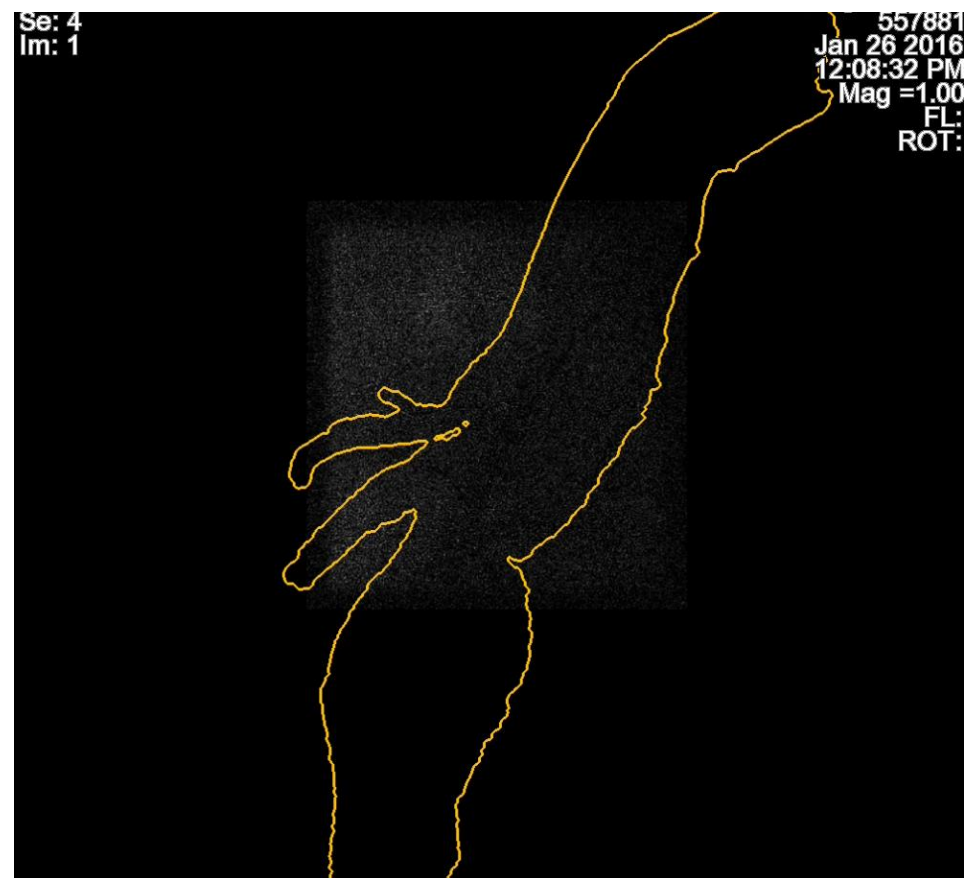




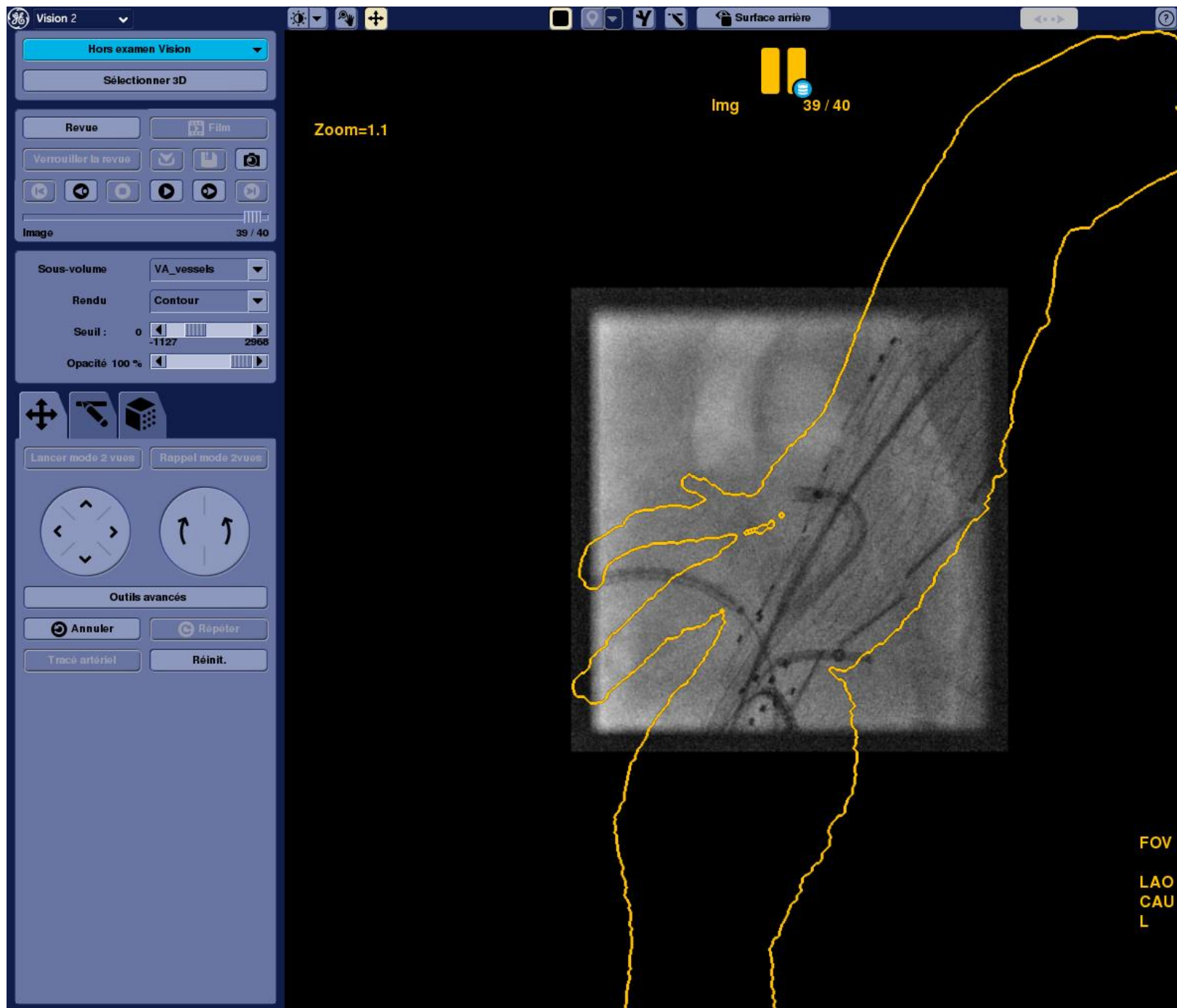


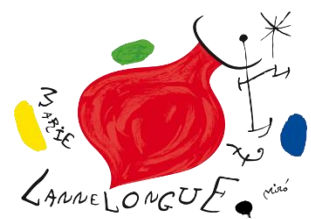
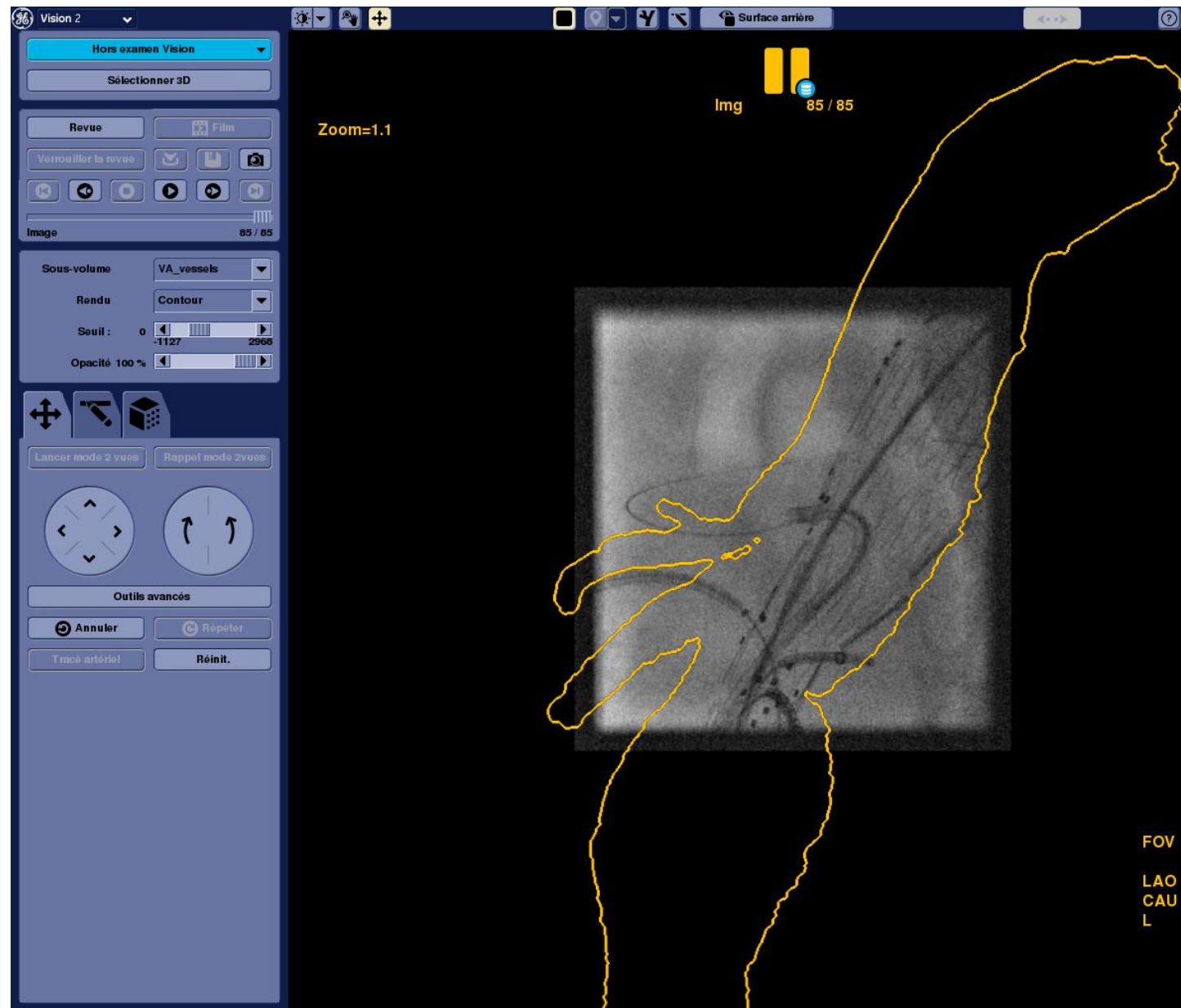






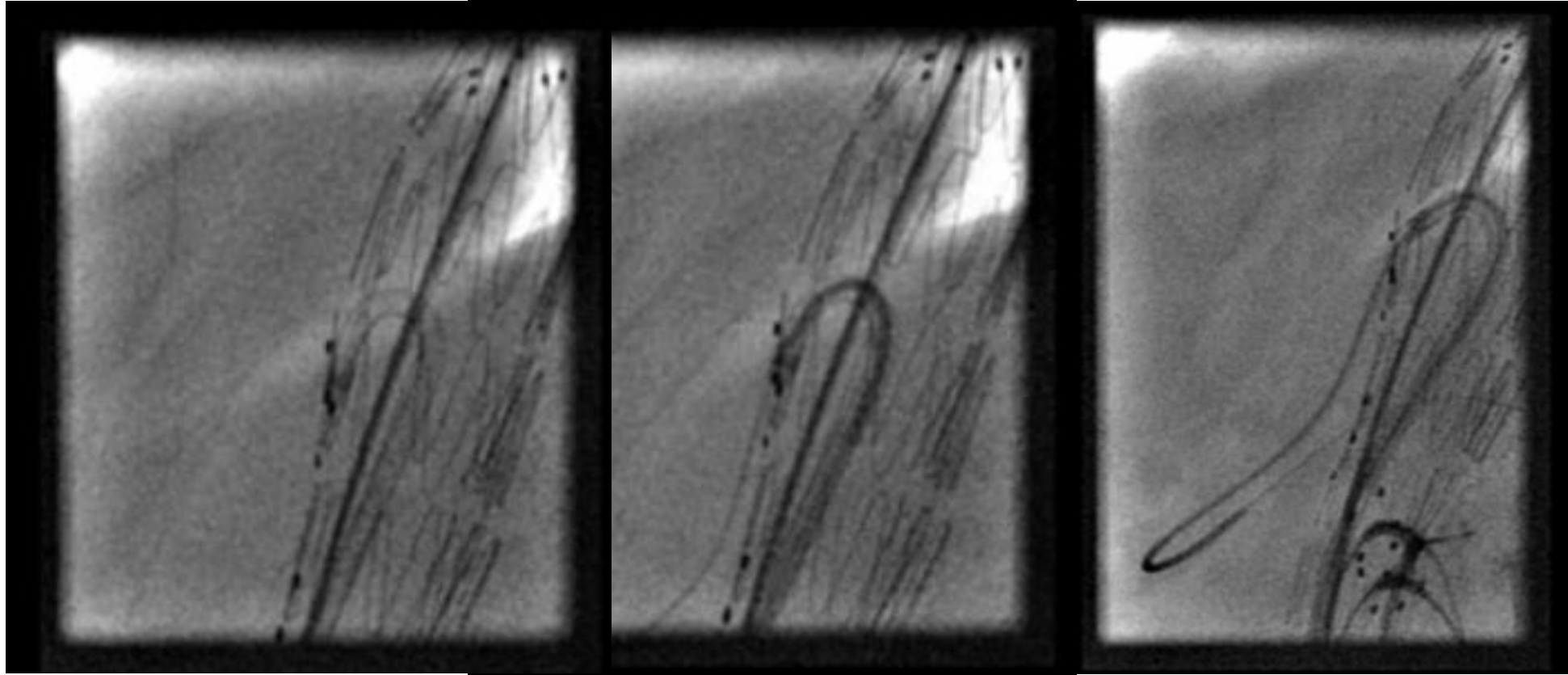




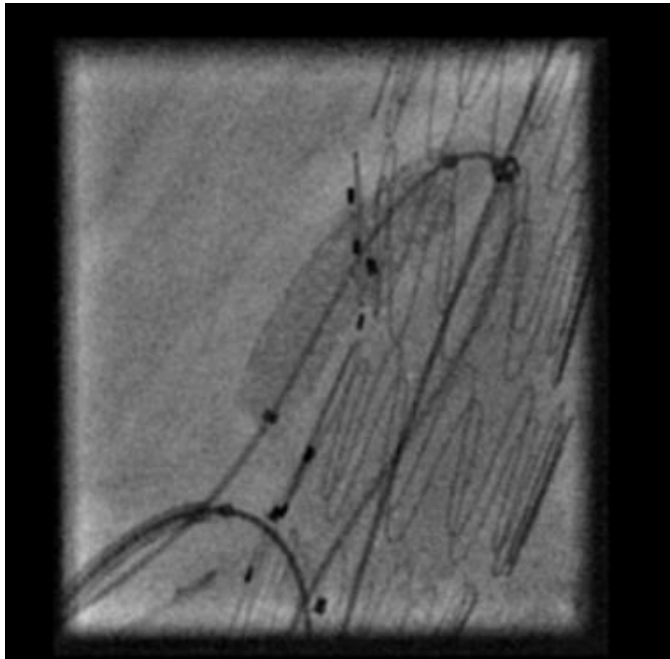


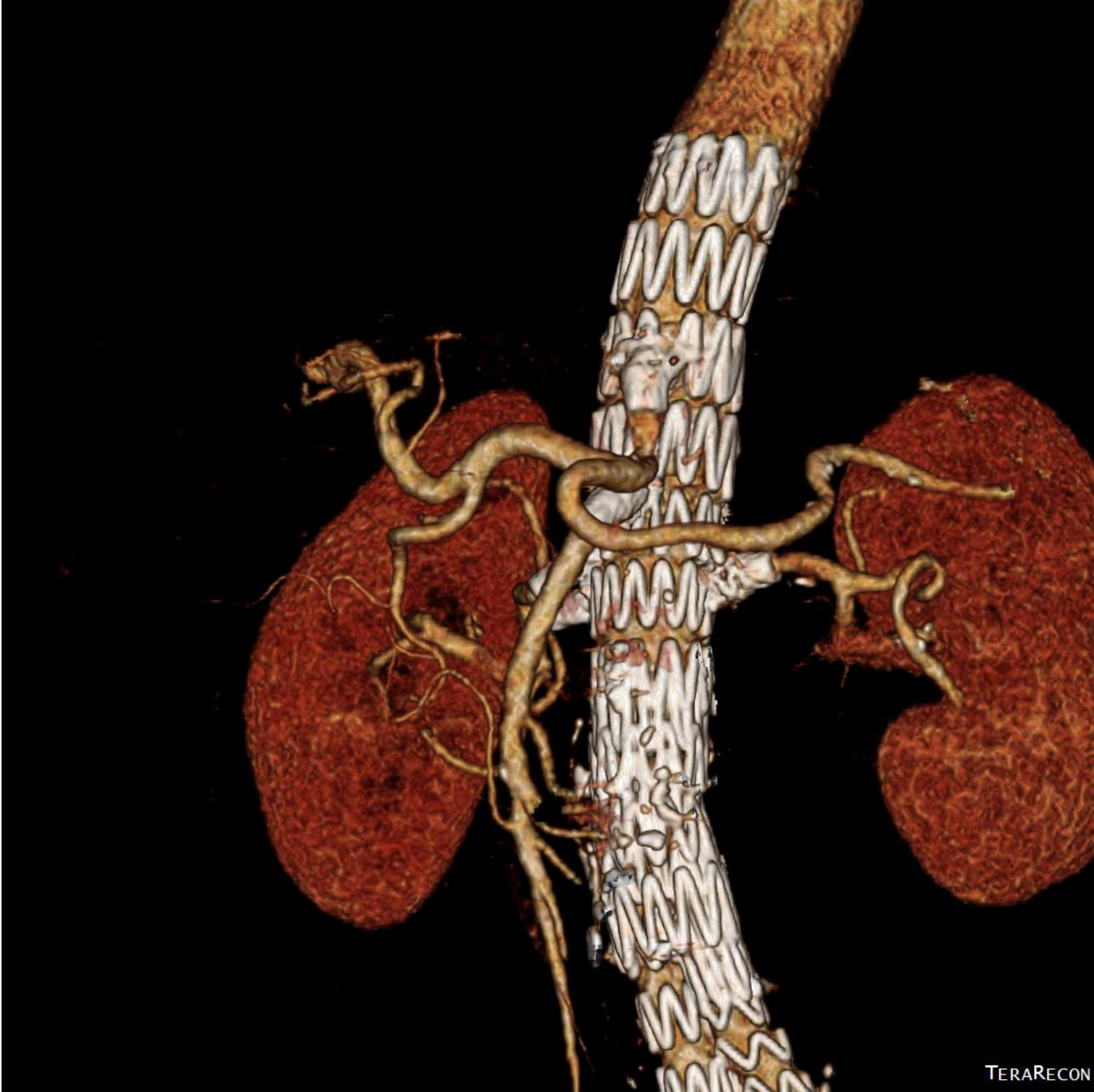


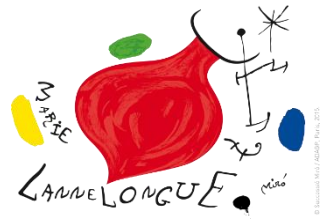
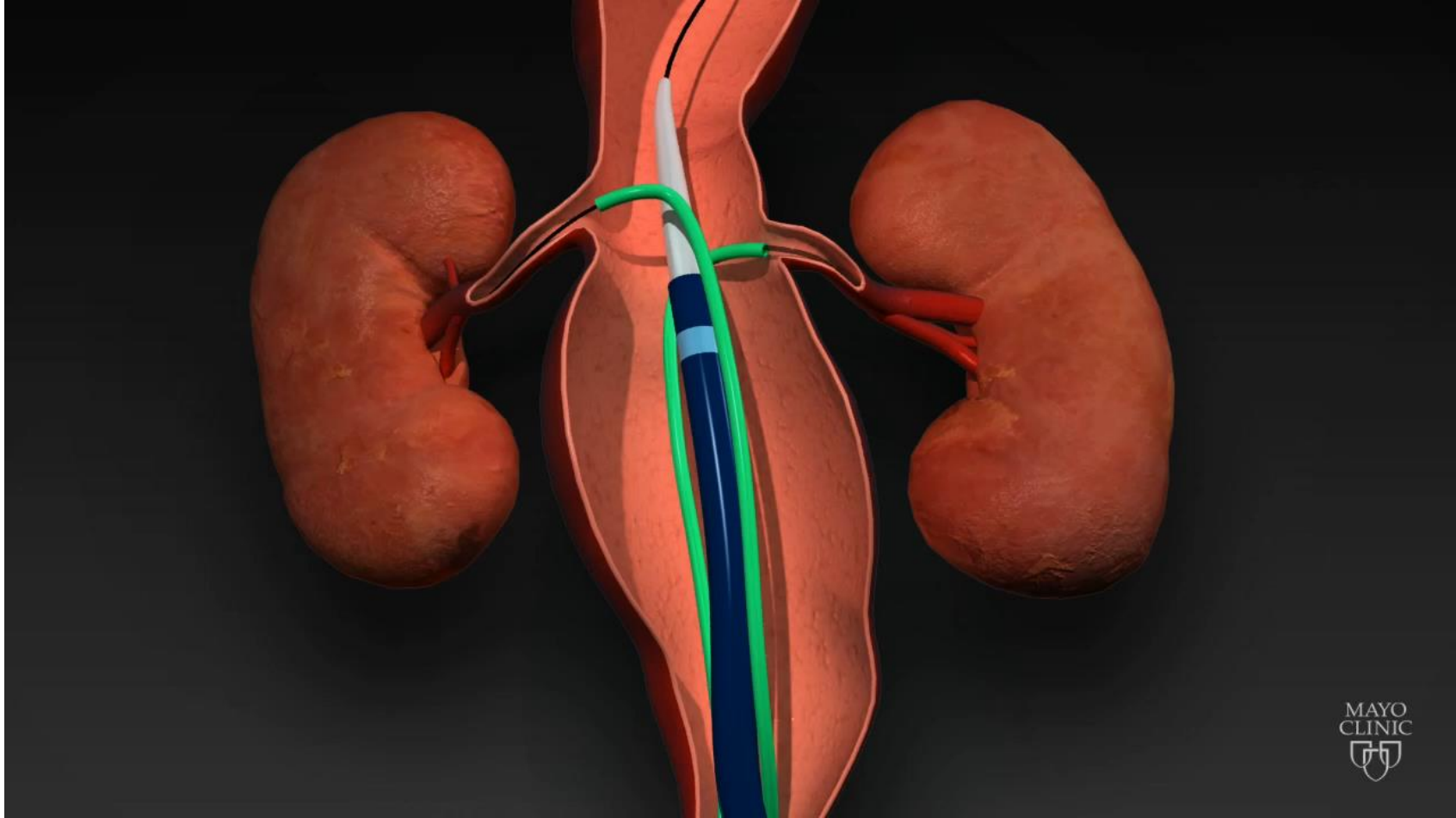
# Catheterization of CT with APTUS











# Stroke Risk!

◆ ENDOVASCULAR THERAPY REVIEWS ◆

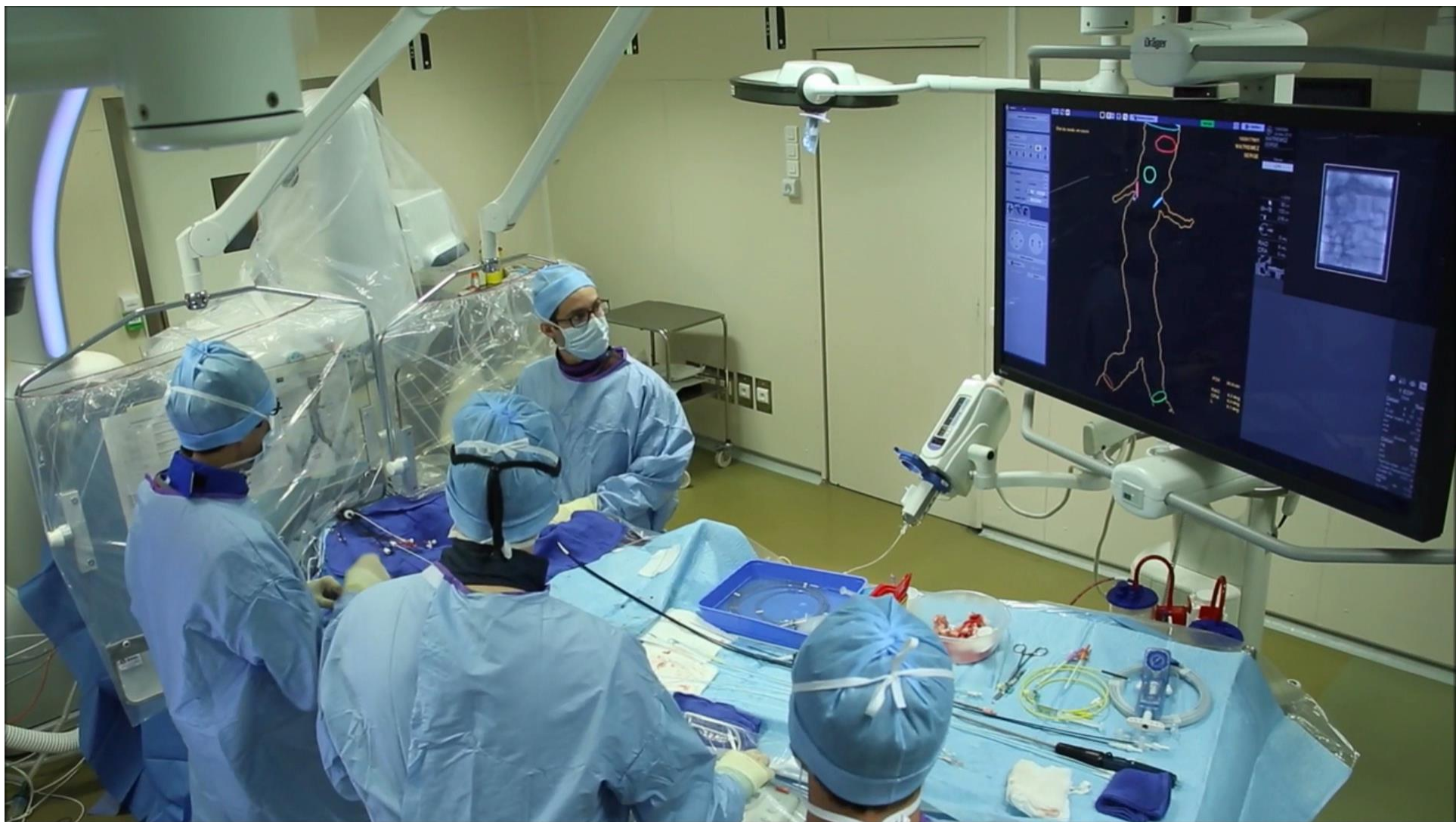
## Comparison of Outcomes With Open, Fenestrated, and Chimney Graft Repair of Juxtarenal Aneurysms: Are We Ready for a Paradigm Shift?

Athanasios Katsargyris, MD<sup>1</sup>; Kyriakos Oikonomou, MD<sup>1</sup>; Chris Klonaris, MD, PhD<sup>2</sup>;  
Ingolf Töpel, MD, PhD<sup>3</sup>; and Eric L.G. Verhoeven, MD, PhD<sup>1,4</sup>

- Meta-analysis of 1725 open surgical, 931 fenestrated-EVAR, 94 chimney-EVAR patients undergoing repair of juxtarenal AAA
- Chimney-EVAR has higher type I endoleak rate (10%) than fenestrated-EVAR (4.3%) (p=0.002)
- Chimney-EVAR requires brachial access and manipulation from the arch
- **Chimney-EVAR has a higher stroke rate (3.2%) when compared to for open surgery (0.1%) and for fenestrated-EVAR (0.3%) (p<0.01)**

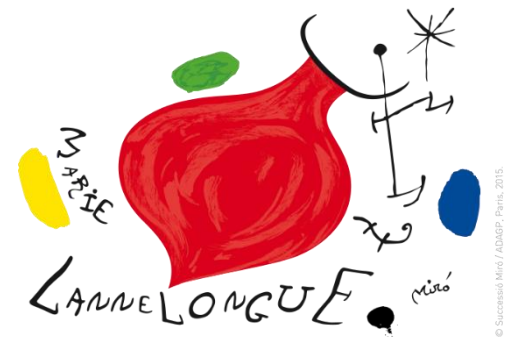


# X-ray Protection



# Conclusions

- Learning curve
- New tools (steerable sheaths)
- Pre loaded delivery systems
- Radiation protection
- Stroke risk



# FEVAR

- I (almost) never use access from above!

