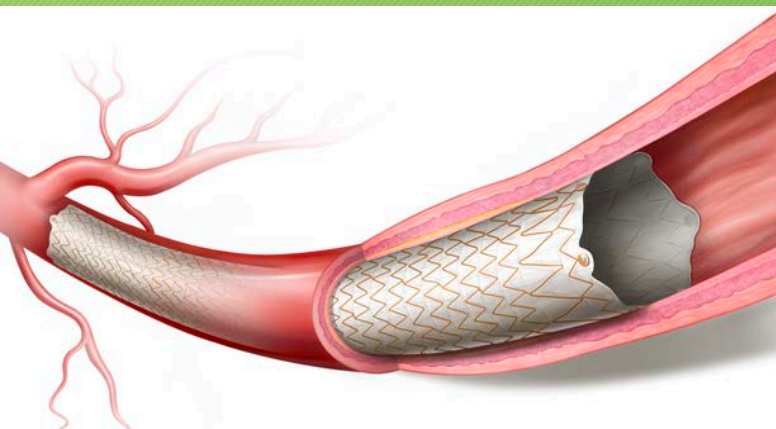


Increase our endovascular options in daily practice

CACVS
2018



Dr Julien Morin,
Clinique Saint-André,
Reims

Stent Covera, Bard

Lifestent Platform

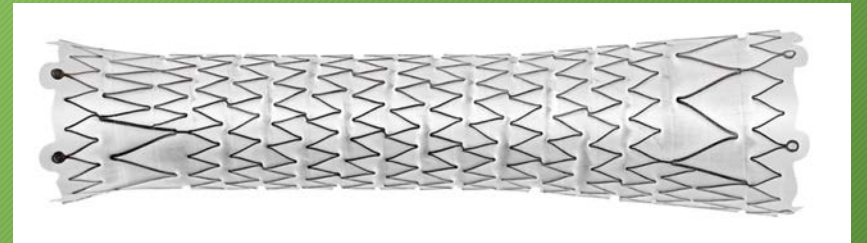
ePTFE coated

Diameter 6 à 10 mm

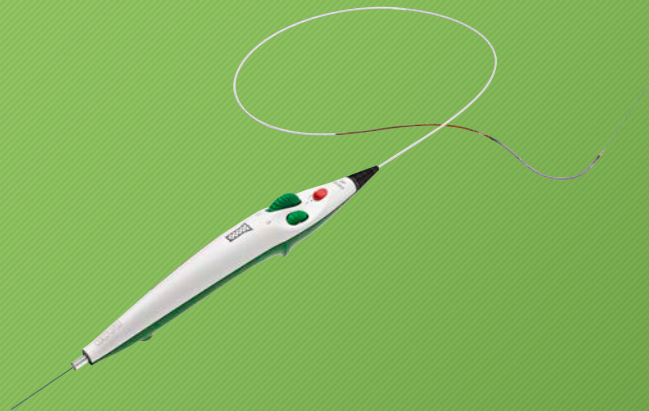
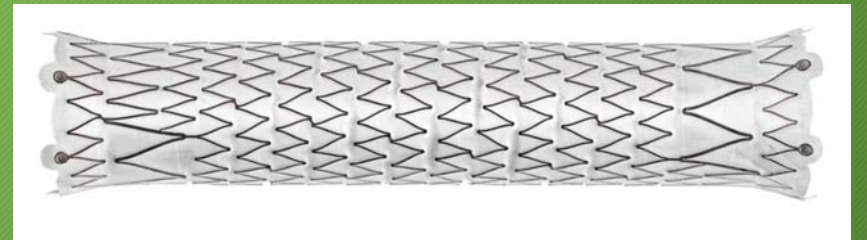
Length 30 à 100 mm

Sheath 8 or 9 fr

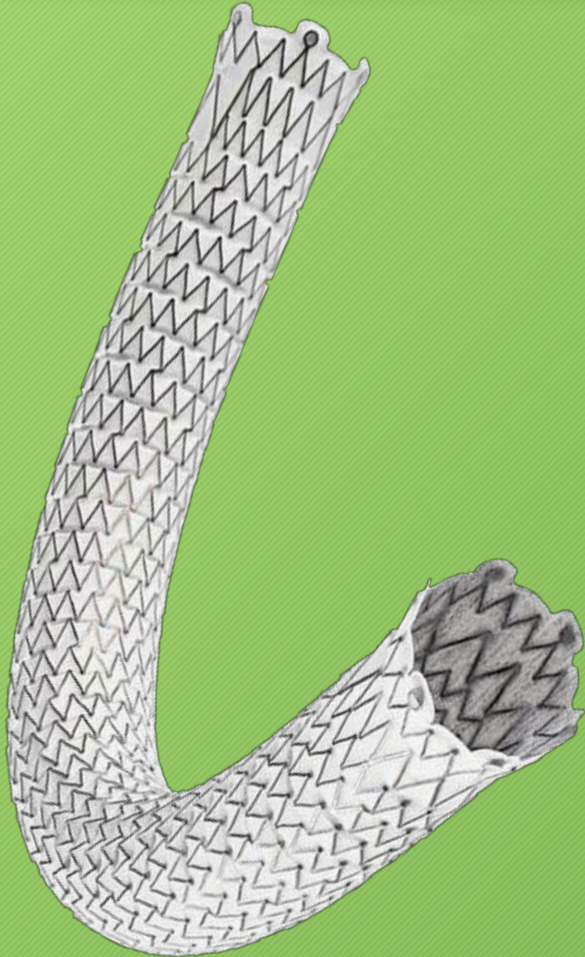
flared design (+3mm)



straight design



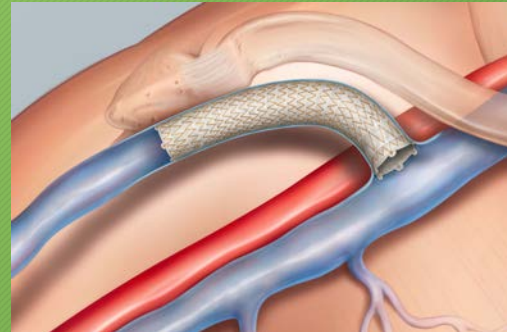
Stent Covera, Bard



		COVERA STENT LENGTH				
		30	40	60	80	100
DIAMETER (mm)	6	8F				
	7					
	8					
	9					
	10					
		8F			9F	

Situation in our daily practice

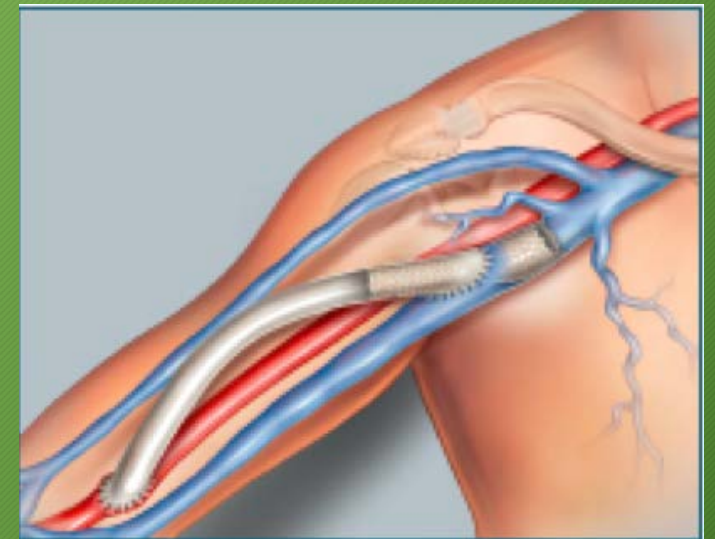
- 1 st use : Haemodialysis
- 2 sd : Peripheral arterial disease :
 - Vascular trauma and atherosclerotic lesion
 - Aneurismal pathology
- 3 th : Exotic use :
 - Chimneys and branches in EVAR procedures



Dialysis

Haemodialysis

- 1st use :
 - Stenosis of vascular access
 - Specific case of stenosis between prosthetic graft and central vein at the proximal anastomosis
- In stent restenosis or kinking in central vein
- Vein rupture after angioplasty

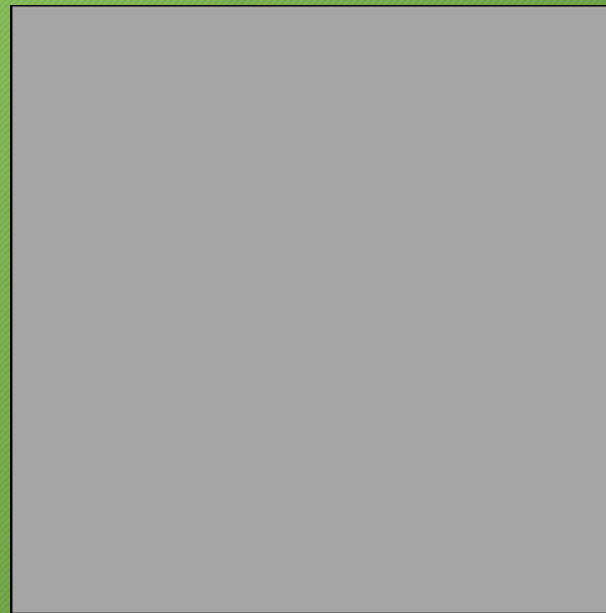


Case 1 : stent kinking

Access thrombosis of prosthetic graft plus proximal stent



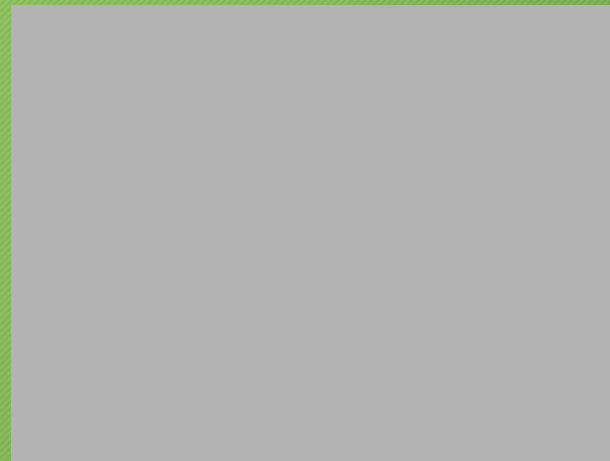
Thrombectomy and relining



Covera 07x 100 mm flared

Case 2 : Initial stenting of proximal anastomosis of prosthetic graft

Avoid vein to graft suture in prosthetic acces



Acuseal graft and flared covera 7x60 mm

Avoid 6 month hyperplasia at vein to graft suture

Case 3 : long stent

Arm 90 °



Arm along the body



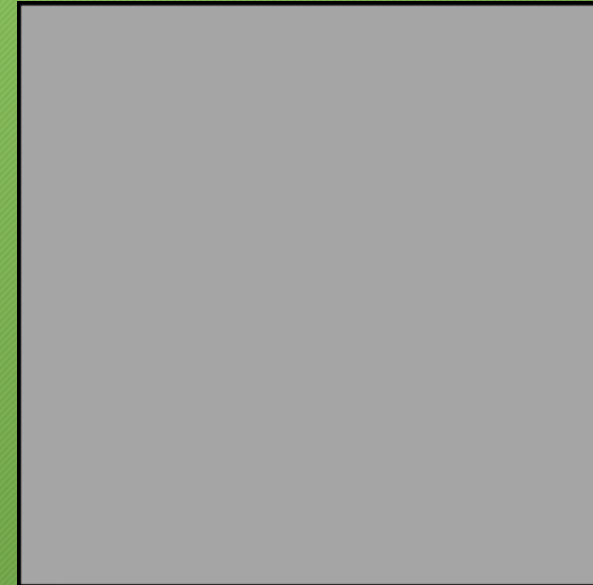
Long Stent



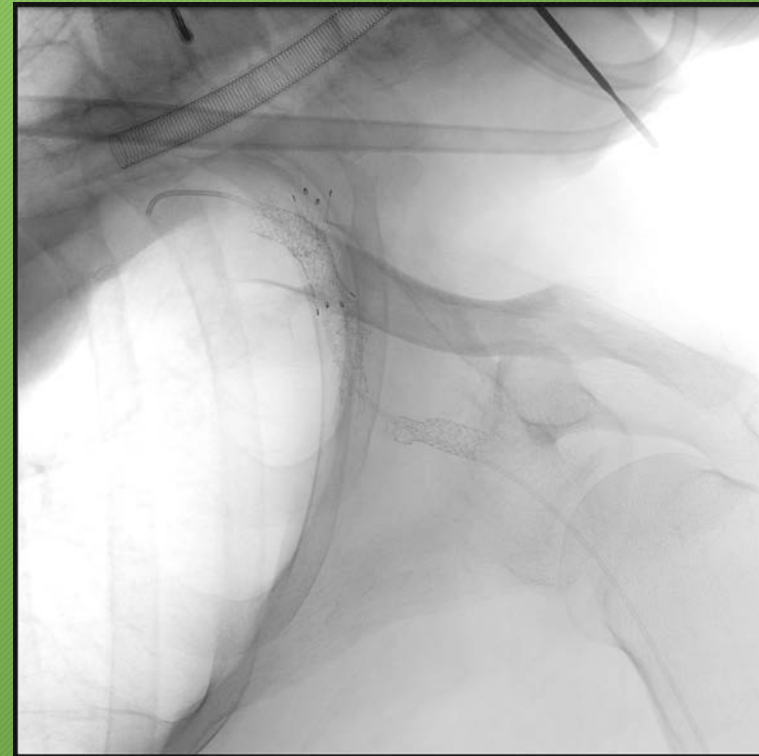
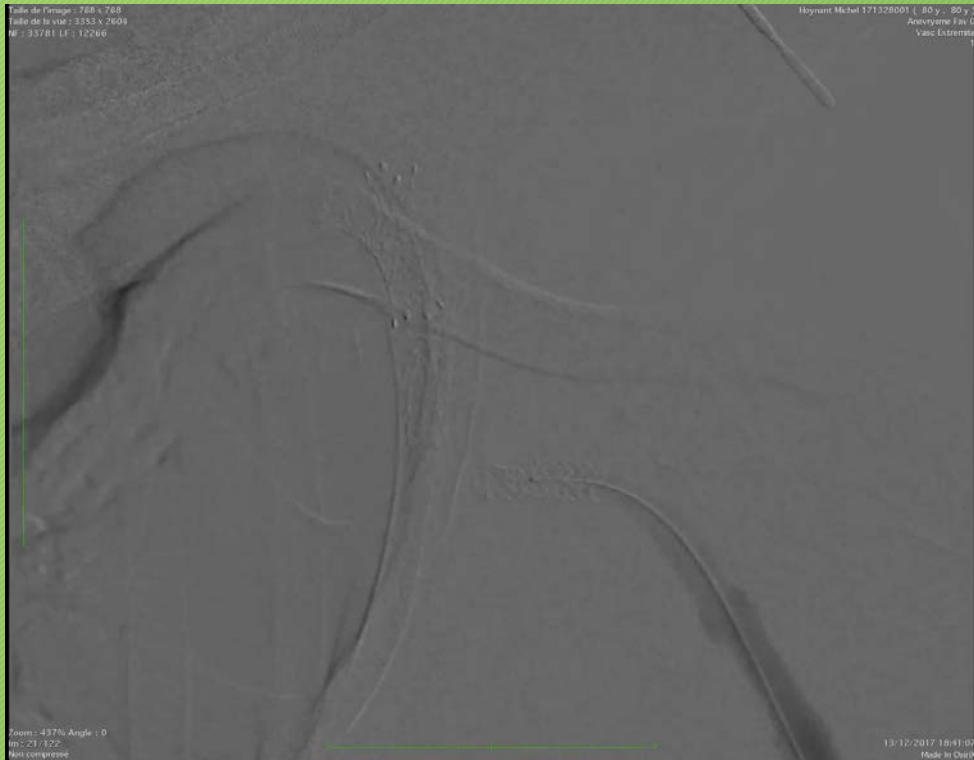
Needs of long stent to avoid kink at the edge of the stent according to arm position

Avoid early thrombosis without stenosis

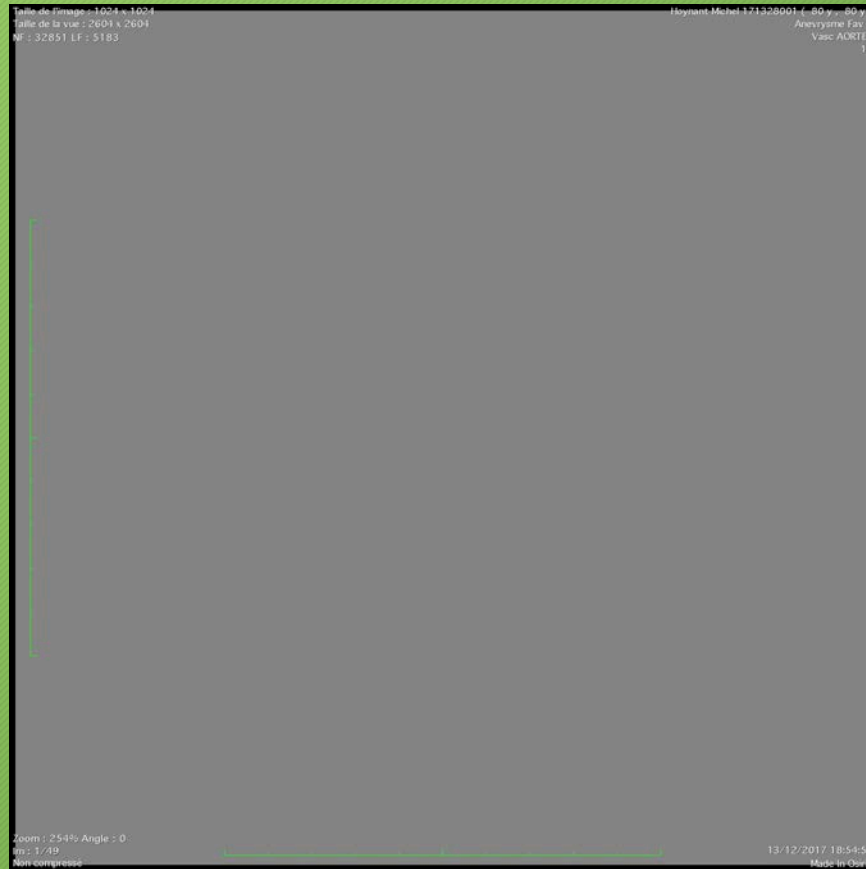
Case 4 : vein rupture



Case 5: stent fracture in axillary vein



Case 5 : treatment



Covera 10 x 100 flaired

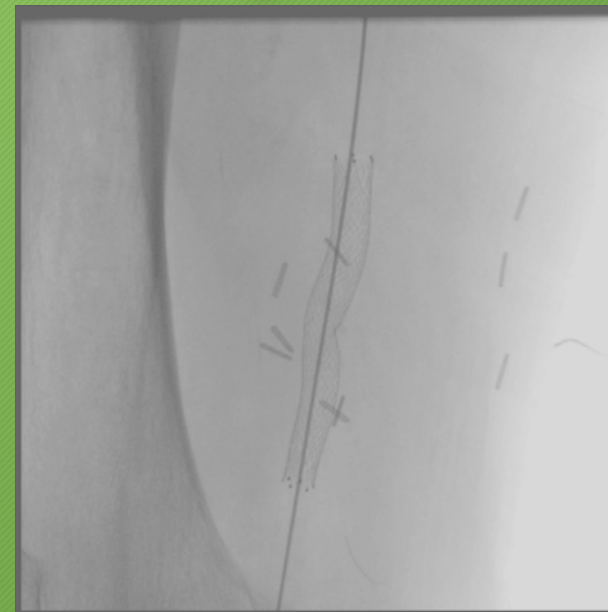
Aneurism pathology

Aneurism Pathology : emergency case

Ruptured False Aneurysm in
Femoropopliteal bypass

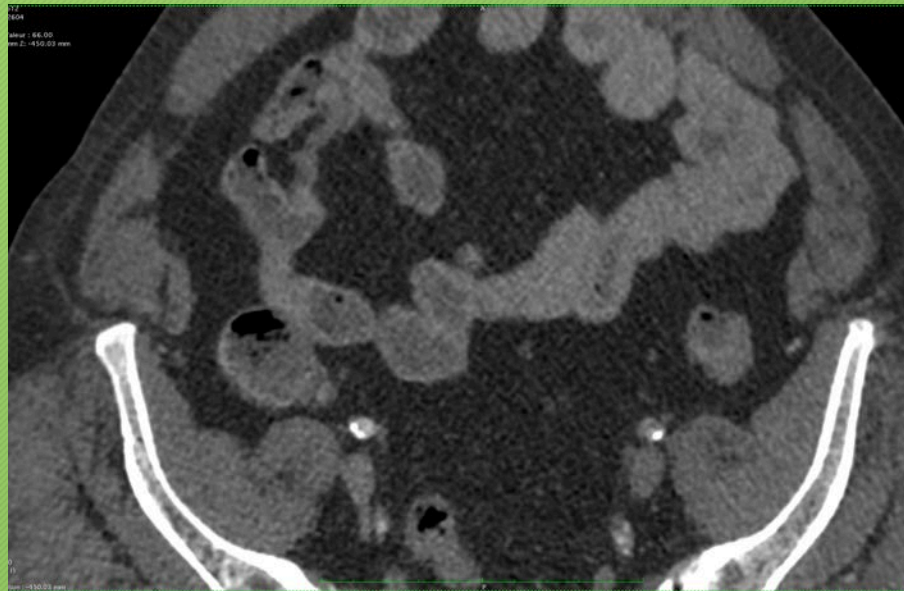


Covera straight 7x 80 mm



Peripheral arterial disease

Case 1



Men, 60 years old, rutherford 3
Diabetic, current smoker
EIA lesion

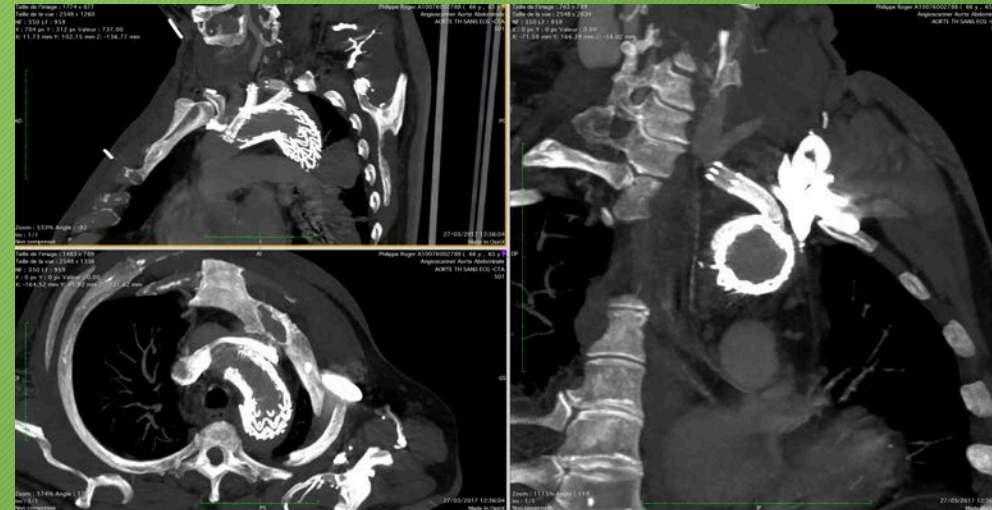
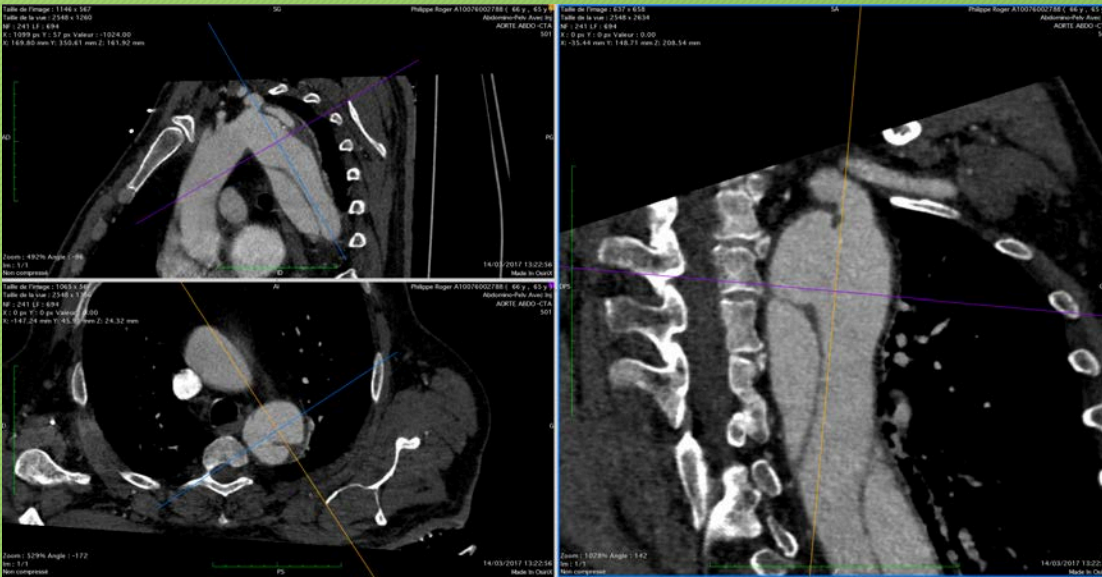


Chimneys and branched EVAR

Chimneys and TEVAR :

Symptomatic type B aortic dissection

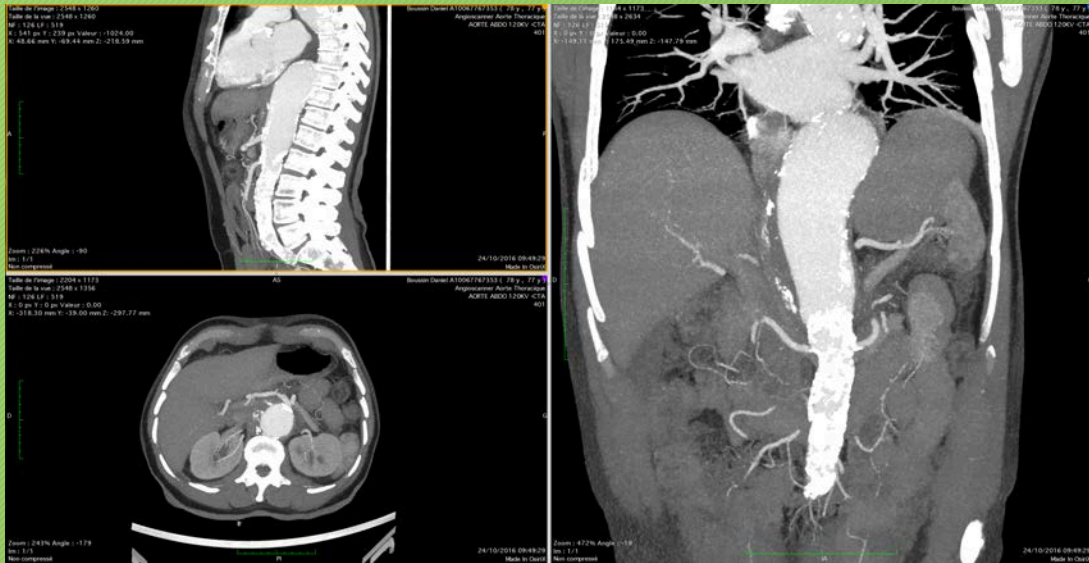
6 month control CT SCAN



Covera Stent 10x80 plus nitinol stent for each chimney

ATA type 4 : fenestrated and branched EVAR

ATA 62 mm asymptomatic



Men 78 years old

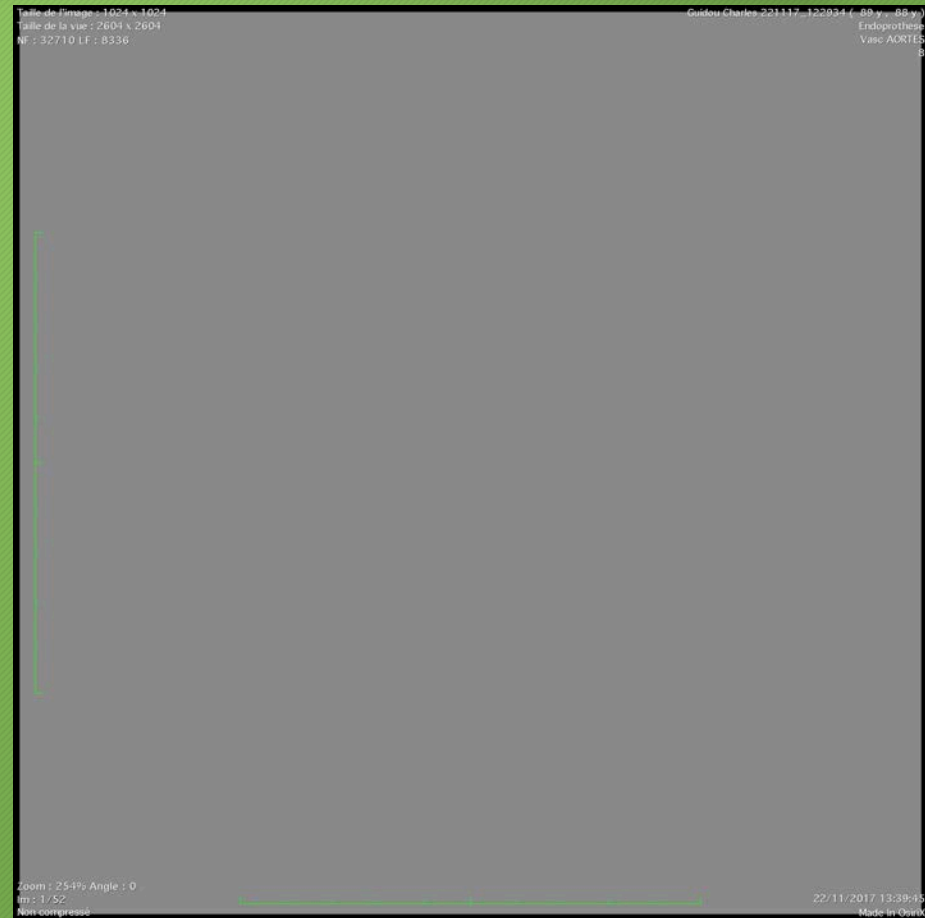
Fenestrated RA, SMA, and branched CT



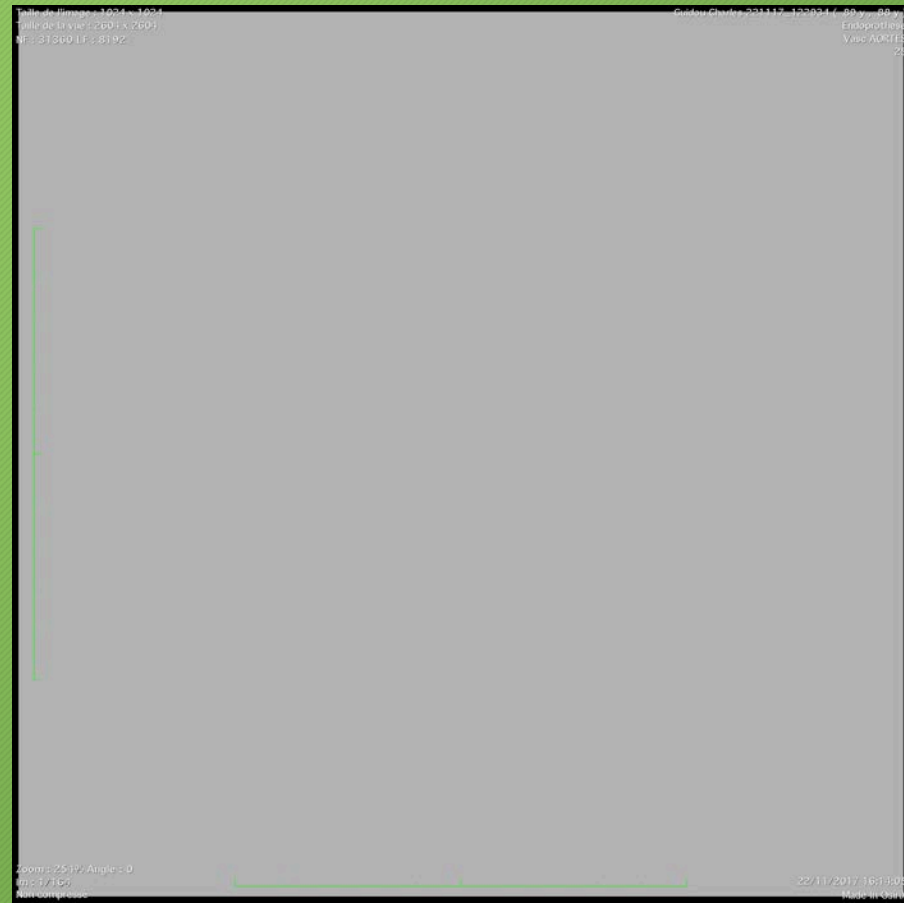
Branched : Covera 10x60 plus nitinol stent 10x60 mm

Juxta renal AAA

- AAA 60 mm
- Traited en 2009
- Type 1 endoleak november 2017
- Treated with proximal cuff and right chimney



Juxta renal AAA



Conclusion

- 8 Fr and good profile design allows multiple use of nitinol covered stent
 - Dialysis
 - Peripheral arterial disease
 - Exotic use
- Needs of studies for long term result
- Needs of longer stent up to 200mm in my opinion
- Nitinol covered stent may be usefull in your arsenal