Open Repair Is The Best Option For Treating Visceral Segments AAAs After TEVAR For TBADs: Technique Video Showing How To Do It With A “Reverse Cactus” Branched Graft

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Residual TBAD in pts previously treated by TEVAR FROZEN ELEPH. TRUNK

NEW KIND OF PATIENTS NEEDING APPROPRIATE TREATMENT

Contraindications to further EV repair

1. Associate Visceral Arterial Dissection or Occlusion
2. Connective Disorders
3. Young Age
4. Excessive Tortuosity
5. Multiple Renal Arteries

The “Reverse Cactus”

Dacron Bifurcated Graft on which Slides Two Additional Smaller Bifurcated Dacron Grafts Have Been Implanted in Order To Have Four Additional Side Branches

Disclosure

No conflict of interest related to this presentation
Left Thoracophreno-laparotomy on the 7th- 8th intercostal space
Retroperitoneal abdominal aortic approach

Left Atrio-Femoral Centrifugue Pump Bypass

Double Clamping of Proximal Aorta Within the Endograft

Opening The Sac And Exposure Of The Distal End Of The
Previous Descending Thoracic Endograft

Proximal End To End Anastomosis With The
“Reverse Cactus” Graft

Exposure of Celiac Trunk and Proximal Ligation
If the vessel is dissected, identify the true lumen by alternative clipping the flap to either side of the artery.

Anastomosis of celiac trunk with the first side branch of the graft.

Declamp.

Do the same with the SMA with second side branch, which is progressively declamped.

And do the same with left renal.


Final result.
Residual TBAD: a challenging disease

The Reverse Cactus Operation: no need for rush..

Fits all anatomies

Fixes associated visceral arterial disease

Contains blood loss

Great hemodynamic and metabolic stability