Issues in ARCH (PG) EVAR

- Landing zones
- Endoleaks
  - Gutters
- Branch patency

Disclosure

- Speaker name: Mario Louis LACHAT
- No disclosures

Landing zone

Ascending TD >35mm
High shear stress in enlarged Aorta

Smooth introduction of ASG in ascending

T&T and GW Loop Technique

PG size matters!

Technique to reduce diam of PG and/or aortic stress
Intended PG size: 13mm
10mm PG parked
ASG deployed

Intended PG size: 13mm
10mm PG parked
ASG deployed
10mm PG deployed

Extension with 13mm PG
Primary relining with wallstent
- To reinforce PG
- To reduce endoluminal infolding (2nd PG)
- To reduce kinking of PG

Case demonstration

Percutaneous PG ARCH TEVAR

Percutaneous access to
- Right axillary artery
- LCCA
- ECA bilateral
Parallel Grafts ARCH@USZ
Jet Score TAG/VIa/b/a/Excluder

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<tr>
<th>30d mortality CVA/SCI EL</th>
<th>n</th>
<th>29</th>
<th>HR</th>
<th>14%</th>
<th>9%</th>
<th>18%</th>
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<tr>
<td>41 % acute patients</td>
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<td>49 % old/acute patients</td>
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Mid to Long-term results @ USZ

- From October 2009 to May 2014
- 41 patients (13 female: 31%)
- mean age 68 years (27-87; SD 13)

Mean FUP 22 months (0-65; SD 17)

Maximal Transverse Aneurysm Diameter
- Preoperative 61,38 (26-100; SD:17) mm
- Postoperative 55,84 (26-94,00; SD:16) mm
  - 9.02% reduction P<.001

Mean Aneurysm Volume
- Preoperative 416 (SD 531, 43-2670) ml
- Postoperative 324 (SD 381, 26-2026) ml
  - 22% reduction P .042

Reinterventions during FUP

6/41 (15%)
mean time to reintervention 2 months (0-15; SD: 3)

- Endoleaks
  - 2x coil embolization (Ta/IIb)
  - 1x distal TEVAR relining/extension

- Branches
  - 1x stenting LSA PG
  - 1x correction of PG inflow

- Others
  - 1x TAVI (pre-defined strategy)
Conclusions

Good results with ARCH PG Technique achieved
• Selected patients

Patient selection

• Appropriate anatomy
  • SAT disease-free
  • Ascending aorta landing zone about 4cm in length and <38mm in diameter
  • Femoral access vessels > 9mm
• High-risk for surgery
  • Euroscore II > 10
  • Life expectancy > 2 years

Conclusions

Good results with ARCH PG Technique achieved
• Selected patients

Behave durable up to 3 years mean follow-up
• Taking into account substantial number of reinterventions to maintain seal and/or branch patency