When Should Parallel Grafts be the First Treatment Choice for Complex AAA Repair

Edward Woo, MD
Director, MedStar Vascular Program
Chairman, Department of Vascular Surgery
Professor of Surgery, Georgetown University

Disclosures
• None

Parallel Grafts
Snorkel/Chimney/Periscope Sandwich

When Should Parallel Grafts be the First Treatment Choice for Complex AAA Repair??
• Options
  – Open repair
  – Other Endovascular

• Parallel Grafting should ALWAYS be considered
Benefits-Anatomic Extent of Landing Zone

- No limitation on anatomic landing zones
  - Arch, Thoracic, Abdominal
  - Recreate landing zones
    - Sandwich technique

Benefits-Timing

- Immediate
  - Only dependent on endografts and branch stents
- Various combinations can be used to accommodate

Benefits-Branch Vessel Orientation

- Vessel Orifice
  - Anterior/Posterior
- Vessel Course
  - Caudal/Cephalad
  - Tortuosity

Benefits-Access/Aortic Anatomy

- Standard access

Parallel Grafting

- Patient-essentially no limitations
- Anatomy-few restrictions
- Can be used in almost any situation

Relative Contraindications

- Very narrow aorta
- Infection
- Need for too many branch stents
- Can’t tolerate antiplatelets
- Difficult arch
  - Debranch
  - Type III
  - Severely diseased
- Rupture
Gutter Leak

- 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

Conclusions

- Parallel grafting offers technical solution to complex aneurysms
- Rare anatomic limitations
- Acceptable primary therapy