Blinded Consult

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General Impression

- Most likely a Type Ia and Type IIIb
- Is there really a type IIIb endoleak?
- Not a common occurrence, but must always be considered
- Repair of type IIIb endoleaks can be problematic:
  - Device type/design (short body versus long body)
  - Location
    - Bifurcation
    - Near other elements (fenestration, bifurcations, branches)
- Pattern recognition – Has this happened before?

Nonviable Treatment Options

Treatment Option	Why not?
Continued Observation+/- increased surveillance	High pressure and therefore provide no protection against aneurysm rupture Only an option for prohibitive proc/operative risk pts
Seal IIIb with glue/coils Plug	High flow scenario – Embolization Low probability of success – defect size/access Fabric Integrity issues – propagation PTFE
Graft explantation/open surgical repair	Not viable if patient is a prohibitive open surgical risk – severe COPD, cardiac risk

Top 2 Treatment Options

Treatment Options (EV versus Open)	Concerns?
Exclusion with endovascular device (relining) Asymptomatic currently Symptomatic may limit options	Type Ia from gutter? Prox. Ext. (F/BEVAR, parallel stenting, etc) Long body device versus short body device
Graft explantation/surgical repair Hybrid Approach	Dependent upon device type/location/pt risk factors Suprarenal/Fenestrated/Branched - relatively easy Used when EV approach alone will not work because of device configuration (LRA bypass relining) May or may not decrease magnitude of procedure

#1 - EV approach is often the optimal treatment option from and risk perspective
#2a - Graft explantation for infrarenal devices often optimal from a timing perspective
#2b - Hybrid more commonly used for complex EV repair failures

Considerations for Viable Treatments

PMHx: COPD, CKD, Cardiac Status
Anatomic Information: Original/Current Anatomy, Where is there normal aorta? Extension to above CA
LRA snorkel graft Type Ia endoleak, CA status for Spleno-renal bpg
Past experience with similar repairs – need to establish quality seal in normal aorta
Some advanced EV designs may take several months to manufacture (ZFEN verses CMD)
Patient preference

Endovascular Relining+/- Hybrid

Benefits	Risks
Minimally Invasive	Continued device failure
Reduced M+M	Component interaction
Patient Preference	Available devices/Time
Regional Anes.	Component separation
	Aggressive surveillance

Explantation

Benefits	Risks
Long-term outcomes	Increases M+M
Reduction in F/U visits	General Anesthesia
	Rarely pt. preference

Jonathan Furling

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