



VASCUPEDIA

ZENITH T-BRANCH FOR THE TREATMENT OF TAAAS: PLANING AND ALGORITHM

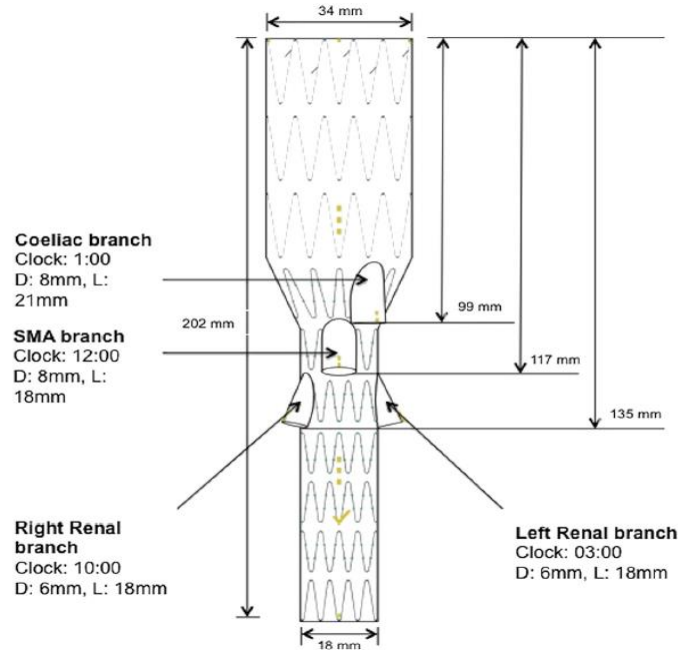
DR. THEODOSIOS BISDAS

VASCULAR SURGEON, ENDOVASCULAR SPECIALIST

CLINIC OF VASCULAR SURGERY

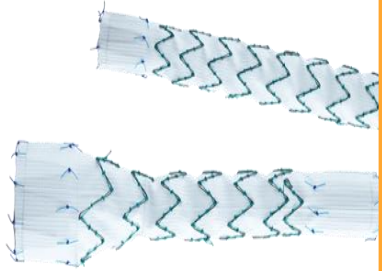
ST. FRANZISKUS HOSPITAL

T-BRANCH (COOK MEDICAL)



The components for an off-the-shelf treatment

Spiral-Z™ Leg

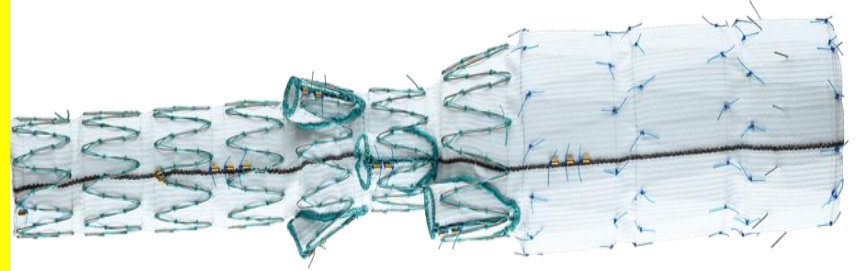


Spiral-Z Leg

81, 98, 115, 132
mm

22 mm

Universal
Distal Body



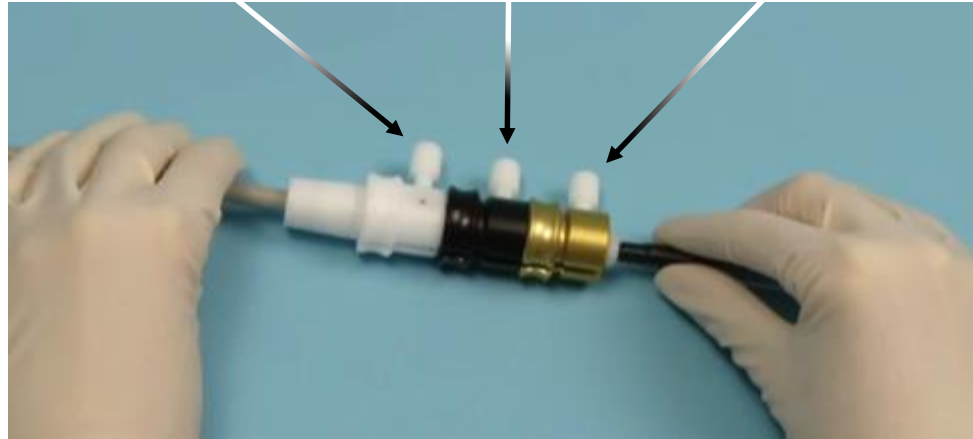
t-Branch

INTRODUCTION SYSTEM

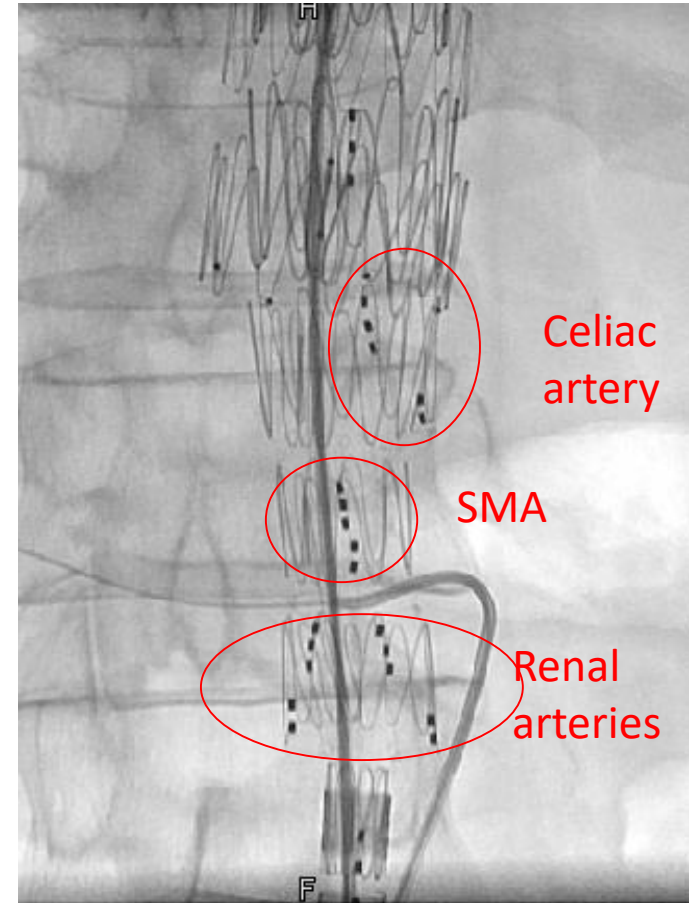
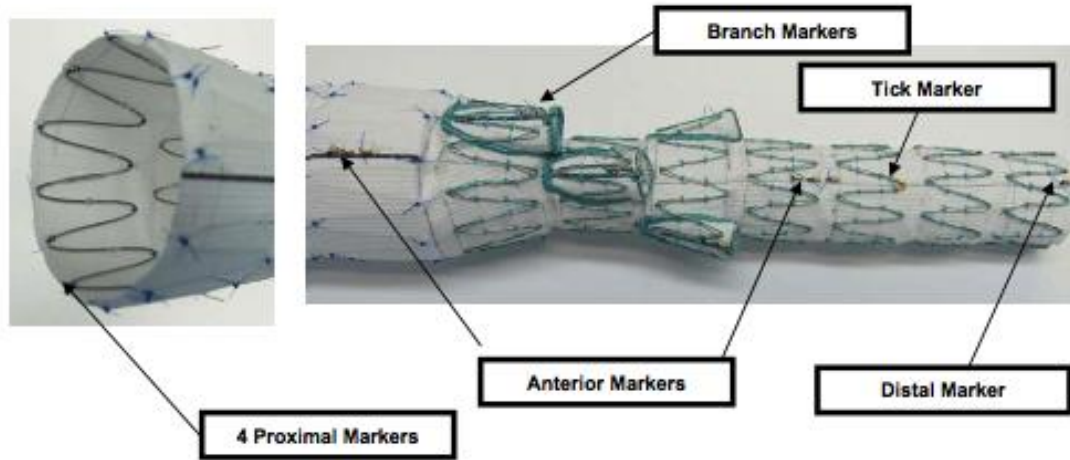
Distal edge
of graft

Proximal edge
of graft

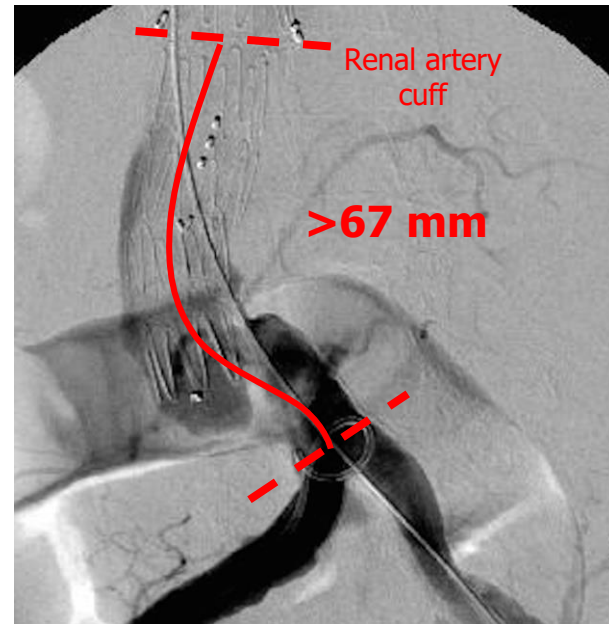
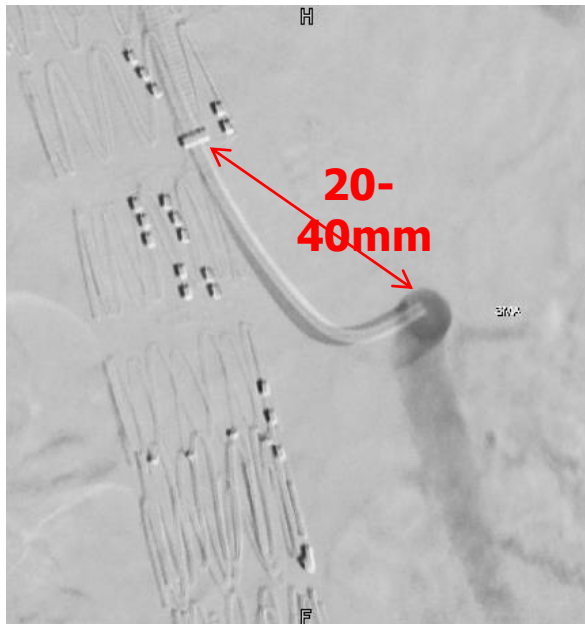
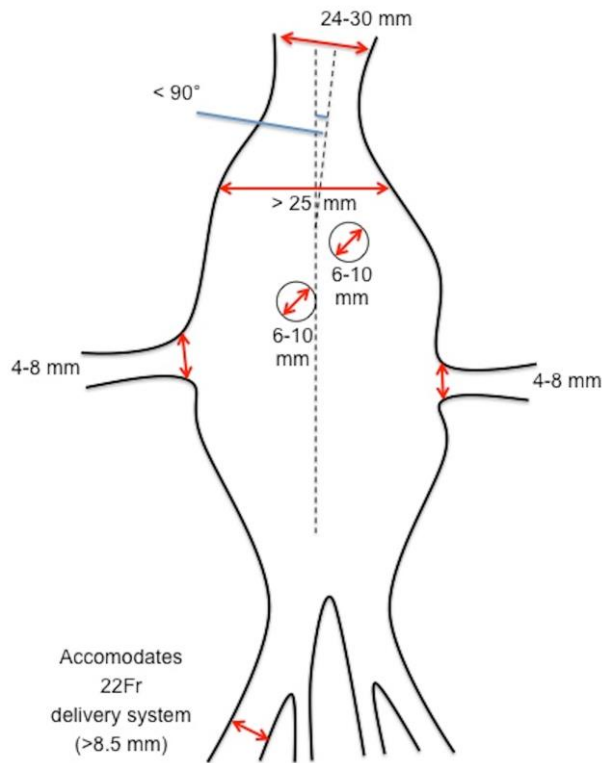
Diameter-reducing
ties



Graft Markers

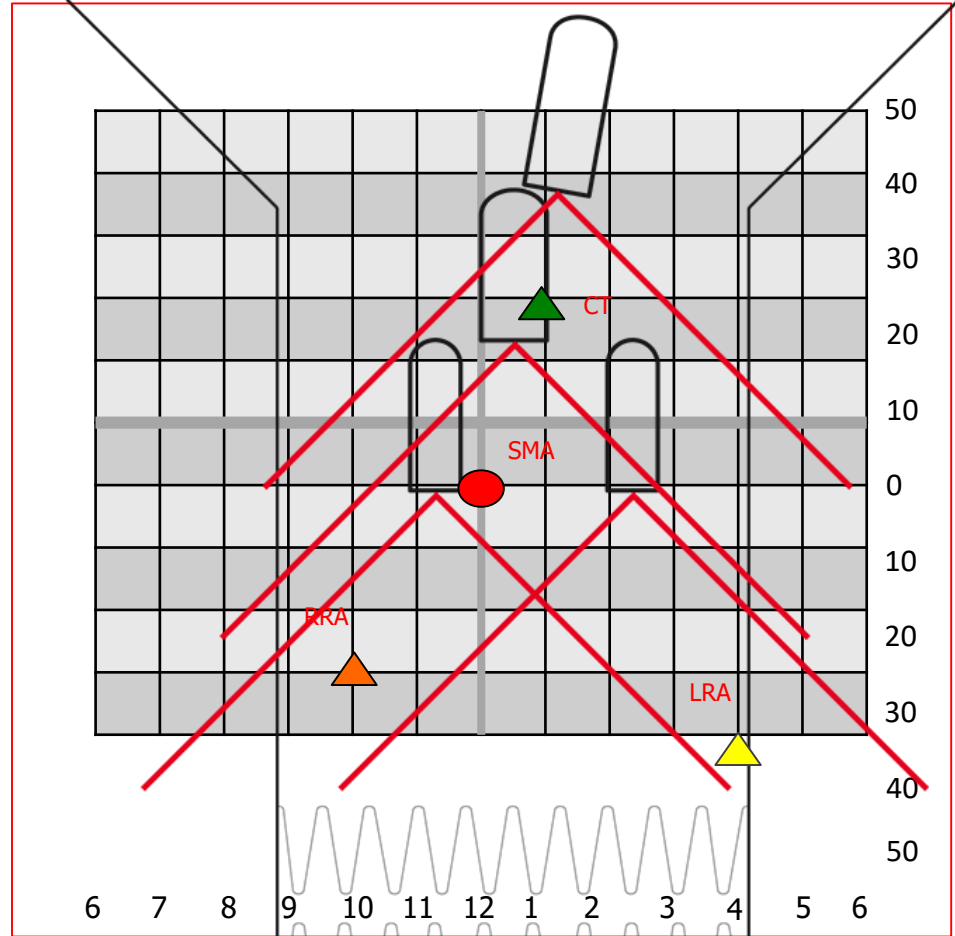
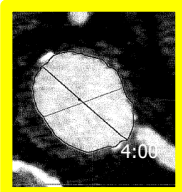
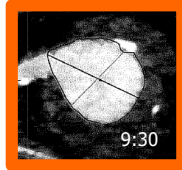
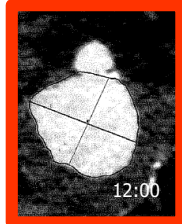
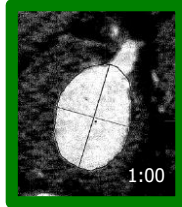
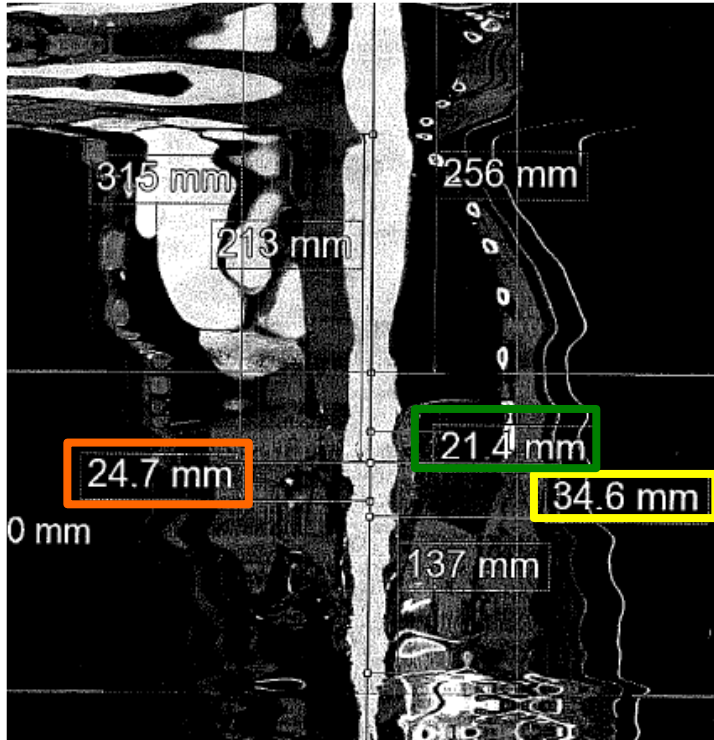


INSTRUCTIONS FOR USE



Gasper et al. J Vasc Surg 2013;57:1153-5
Bisdas et al. J Endovasc Ther 2013;20:672-77

PLANNING



SUITABILITY

672

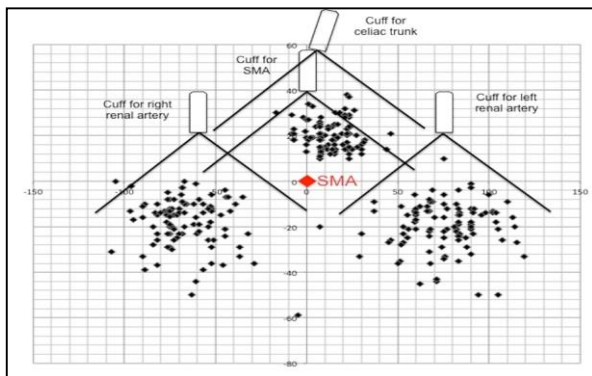
J ENDOVASC THER
2013;20:672-677

◆CLINICAL INVESTIGATION

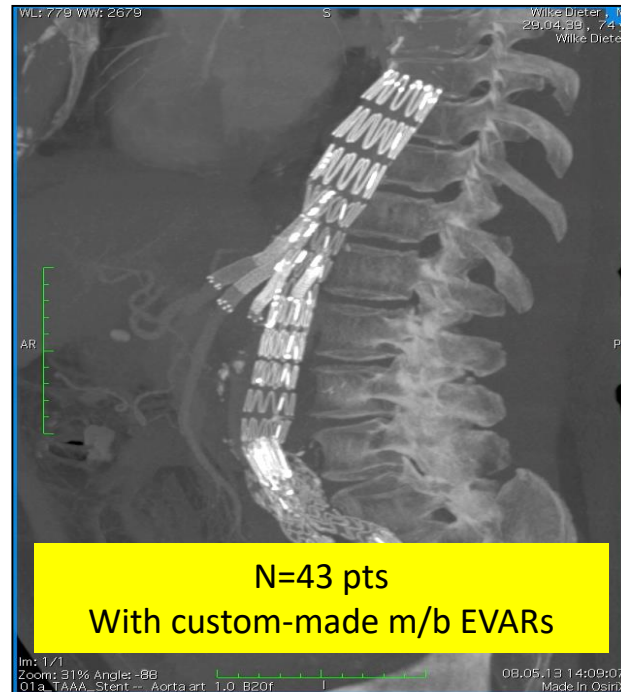
Anatomical Suitability of the T-Branch Stent-Graft in Patients With Thoracoabdominal Aortic Aneurysms Treated Using Custom-Made Multibranched Endografts

Theodosios Bisdas, MD*; Konstantinos P. Donas, MD, PhD*; Michel Bosiers, MD; Giovanni Torsello, MD, PhD; and Martin Austermann, MD

Department of Vascular Surgery, St. Franziskus Hospital and University Hospital of Muenster, Germany.



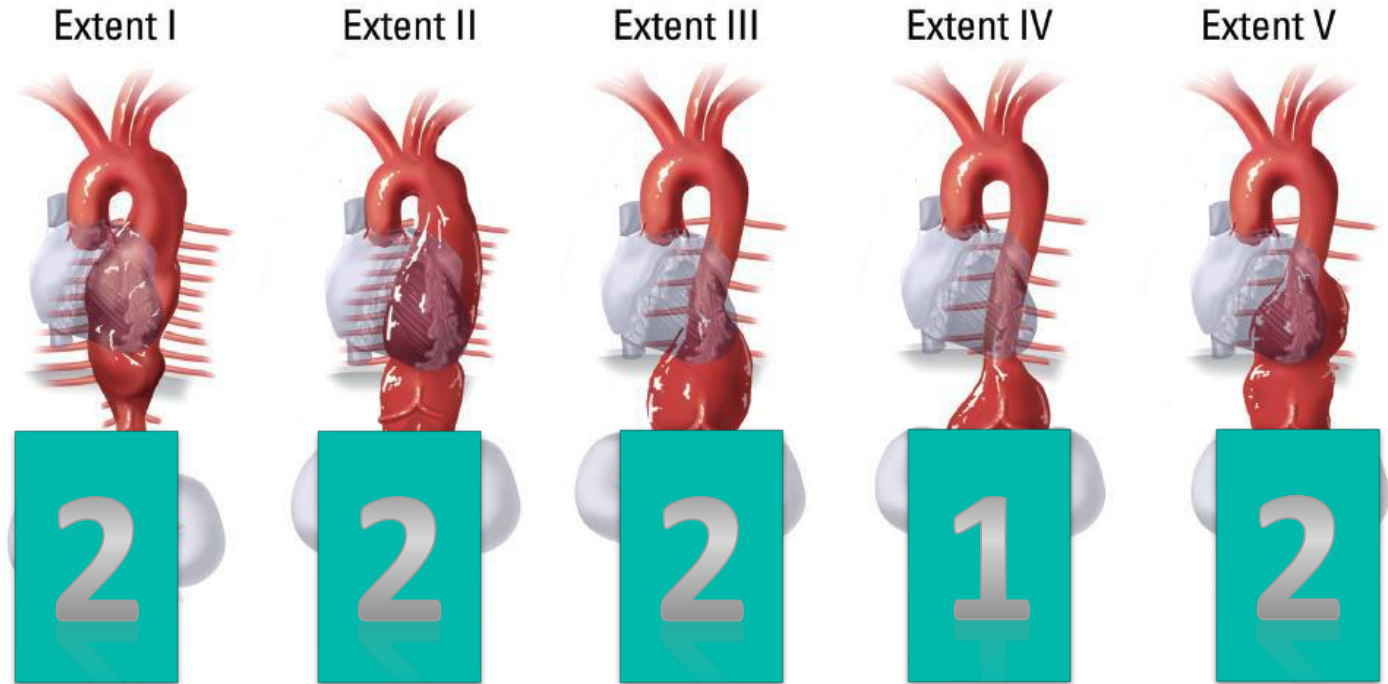
63%





OUR ALGORITHM

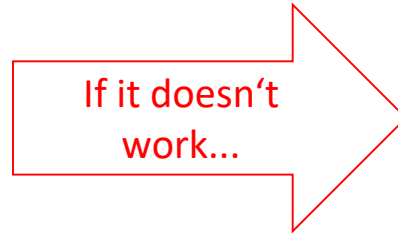
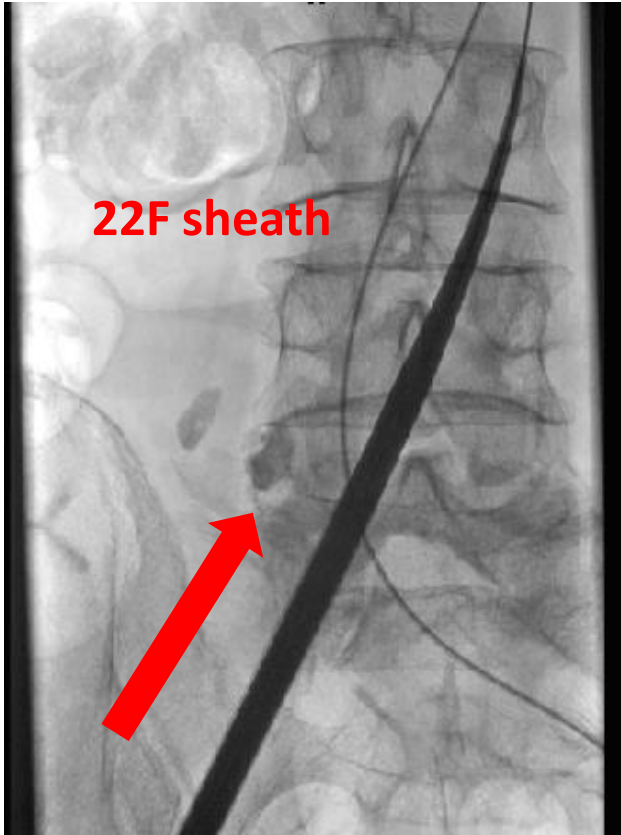
NUMBER OF STAGES OF THE ENDO- TAAA TREATMENT



OP-SETTING



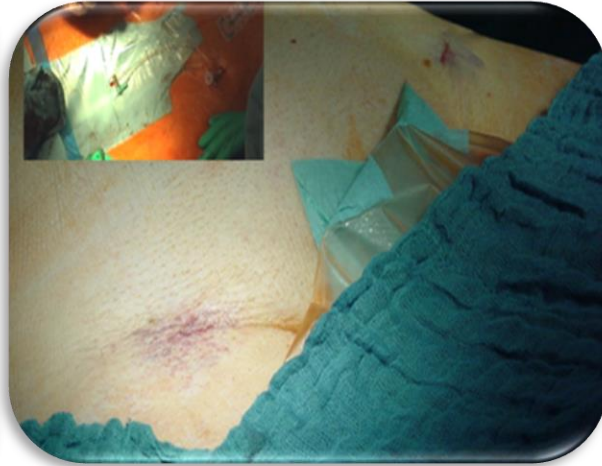
CONTROL OF THE ACCESS VESSELS BEFORE OPENING THE DEVICE



EARLY CLOSURE OF THE GROINS



Implantation of the t-branch and the bifurcated endograft – Use of the Reliant balloon (Medtronic)



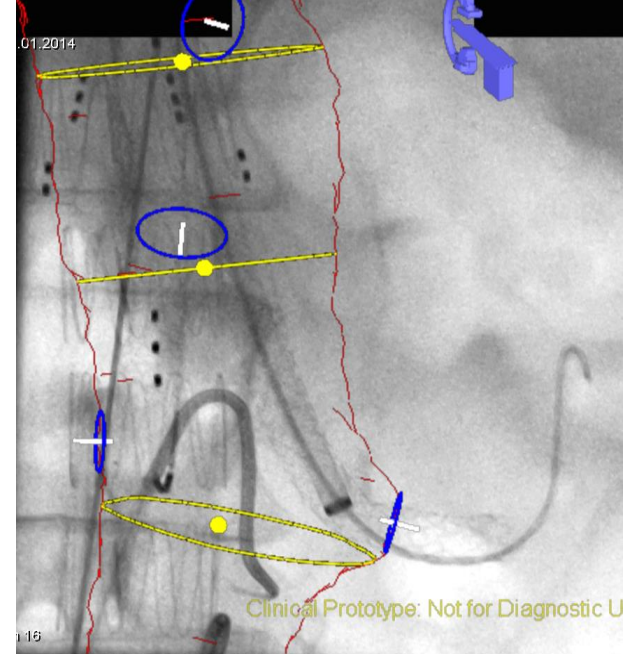
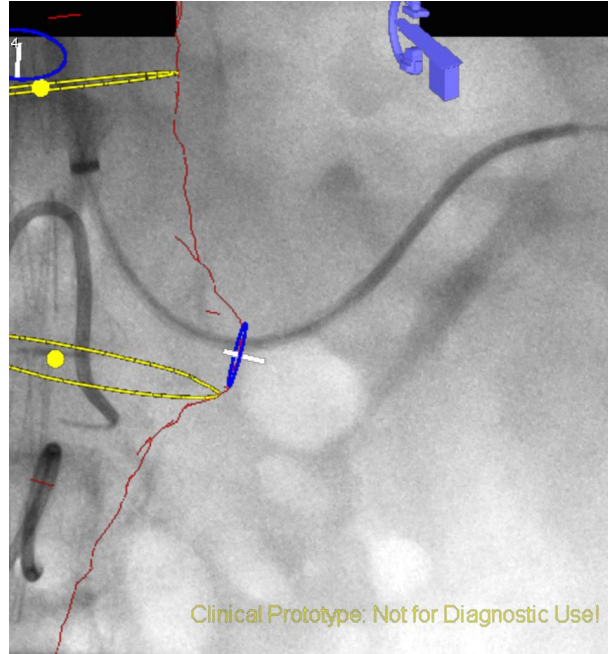
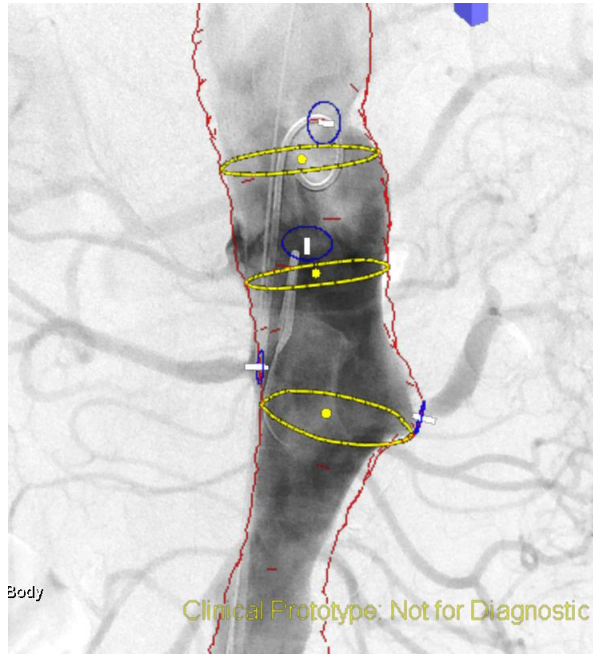
Removal of the sheaths –
Closure of the groins –
Reperfusion of the limbs



Use of the axillary artery as
unique access

FUSION IMAGING

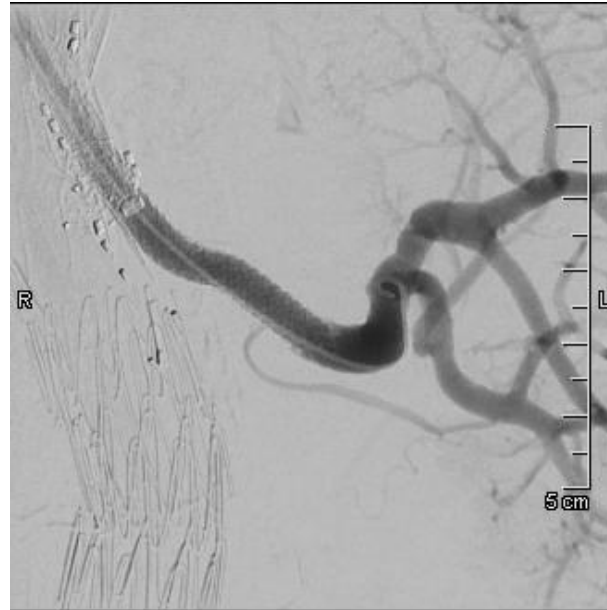
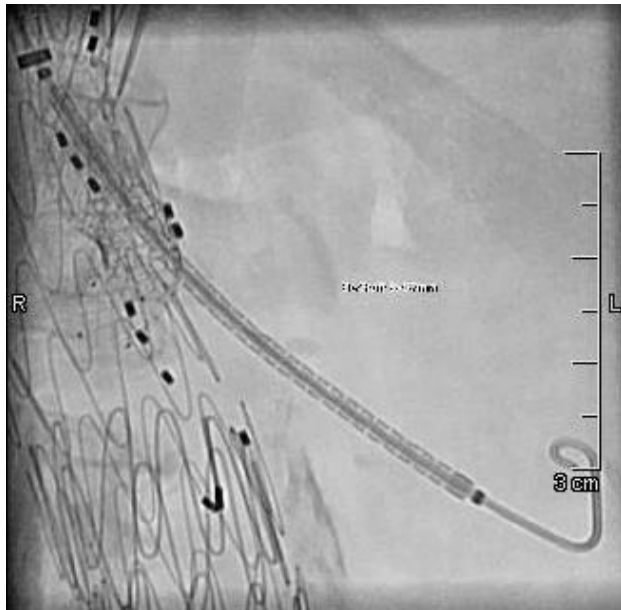
REDUCTION OF OPERATION TIME AND RADIATION



BRIDGING STENT-GRAFTS

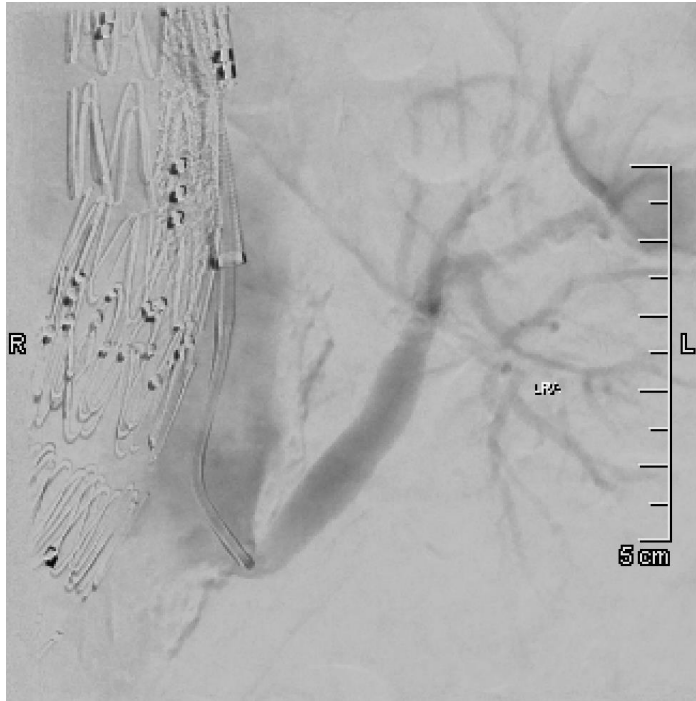
CELIAC ARTERY, SMA AND DOWNWARD ORIENTATED RENAL ARTERIES

VBX (GORE), ADVANTA V12 (MAQUET)

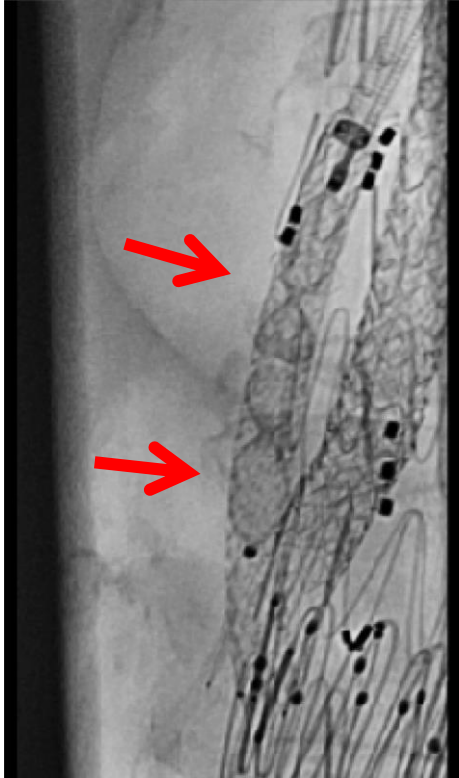


UPWARD ORIENTATION OF THE RENAL ARTERIES

VBX OR VIABAHN (GORE)



OCCLUSION OF BRANCHES IF ARE NOT NEEDED



Bridging endograft
+
Amplatzer Plug

WHY T-BRANCH INSTEAD OF CMD FOR ASYMPTOMATIC PATIENTS?



T-branch:

- No waiting time
- Easy planning
- High suitability rate

CMD only for patients with poor iliac arteries or absolutely no suitability

