Retroperitoneal Access to Target Arteries as a Bail-out when Prograde Branch Catheterization does not work for F/BEVAR

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Presentation

• Bail-out technique when antegrade catheterization does not work

• Brilliant Idea from Marcelo Ferreira
Solution: left Lumbotomy
Bail-Out #2
Solution: Lumbotomy
Bail-out #3
Bail-out #5

SMA targeted with branch originally intended for CA

CA orifice is higher than the remaining branch
The principle...

Retrograde Wire via Puncture of hepatic Artery
Snaring through fenestration via Axilla
How Often Does It Happen?

- FEVAR for complex AAA: 584
  - Retrograde Approach: 3 (0.5%)
- TAAA: 305
  - Retrograde Approach: 11 (3.6%)

TOTAL: 14/889 (1.6%)
Reason?

- Anatomical  \( N=6 \)
- Technical Mistake  \( N=6 \)
- Planning Mistake  \( N=2 \)
Technique?

- Retroperitoneal Approach for LRA: \( N=7 \)
  RRA: \( N=2 \)
- Laparotomy for both LRA + RRA: \( N=1 \)
- Laparotomy for CA: \( N=3 \)
- Laparotomy for SMA: \( N=1 \)
Retrograde Puncture via Laparotomy/Lumbotomoy

Results

• Technical success in 13/14 cases

• Perioperative Mortality 1/14
  – MOF on 8th post-operative day

• Mean admission 17 ± 7d
• Increased morbidity
Retrograde Puncture
Major Complications

- Renal: N=2
- Wound Dehiscence: N=2
- Retroperitoneal Hematoma: N=1
- Respiratory: N=1
New Minimal Invasive Bail-Out by Marcelo Ferreira (for Branches only)
Snare-Ride Technique by Marcelo Ferreira
Conclusions

• Bail-out via laparotomy/lumbotomy can salvage a target vessel

• Minimal invasive option for branches used by Marcelo Ferreira is brilliant!
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