Treatment of complex aneurysms (fenestrated/branched endografts) 
The Münster algorithm

B. Berekoven

Department of Vascular Surgery
St. Franziskus Hospital Münster
Head: Univ.- Prof. Dr. G. Torsello

Bärbel Berekoven
Research Coordinator
Disclosure

Bärbel Berekoven

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

X I do not have any potential conflict of interest
TAAA endo – FEVAR or BEVAR?

male, 61 Y, AFB, single left renal artery, 6 cm TAAA
TAAA endo – FEVAR or BEVAR?

male, 66 Y, 9 cm symptomatic TAAA
TAAA endo – FEVAR or BEVAR?

male, 62 Y., 5 years after Stanford B Dissektion

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TAAA endo – FEVAR or BEVAR?

Open repair

EVAR

Hybrid repair

FEVAR

BEVAR

Chimney

CMD

T-Branch
TAAA endo – FEVAR or BEVAR?

Fenestrations

Branches
TAAA endo – FEVAR or BEVAR?
TAAA endo – FEVAR or BEVAR?

Fenestrations:
Not forgiving!

Crucial:
Exact sizing, planning and implantation.

Meticulous patient selection

Pivot-Fenestration
TAAA endo – FEVAR or BEVAR?

Branches:

CMD

T-Branch
TAAA endo – FEVAR or REVAR?

Branches: Pro

Chances:

Standardization

Branches

Münster applicability

63%

Bisdas et al. J Endovasc Ther 2013;20:672-77
TAAA endo – FEVAR or BEVAR?

Branches: Pro

Cuff

18 – 20 mm overlapping
Early restoration of arterial flow to the pelvis and lower limbs, and aggressive peri-operative management significantly reduces SCI following type I-III TAAA endovascular repair. From 14% to 1.2%
TAAA endo – FEVAR or BEVAR?

Branches: Con

No dedicated bridging stent graft

Viabahn™ Gore

Advanta V12™

Fluency™ Bard
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Summary:

Fenestrations are more suitable in a TAAA with a small lumen of segment 4 without a severe aortic kink and a good access from below.

Branches are more forgiving regarding planning and implantation, are also applicable in a kinked aorta, allow to keep the iliac occlusion time short, which could save from SCI. Enough space is needed for the branches and access through the arch.

Dedicated bridging stentgrafts are needed in the future to achieve optimal long term results for BEVAR!
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Thank you for your attention!

e-mail: baerbel.berekoven@sfh-muenster.de

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