Ascending aortic banding:
An optional treatment for Type Ia endoleak in supra aortic debranching zone 0

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Disclosure

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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)

☑ I do not have any potential conflict of interest
Pre op CT
Post TEVAR + CG + CC + CS
Aortic banding

3 cm
Operative procedure

• Median sternotomy wound
• Dissection Ascending aorta from main PA, right PA and SVC
• 10 mm ePTFE graft (Splitting in longitudinal) for banding
• Sequential clamping for banding aorta
• Interrupted horizontal mattress suture and over and over running suture
• Intra-operative DynaCT angiography
Operative procedure

Sequential clamping

Interrupted horizontal mattress suture
Operation finding

• Reduce circumference of ascending aorta from 14.8 cm to 11.0 cm
• 26% reduction of circumference of ascending aorta
• Banding length 3 cm
• Gradient pressure 30 mmHg between upper and lower extremity
• No leakage on Intra-operative DynaCT angiography
DynaCT
Post Banding 1 Month
Aortic banding

Pre Operative

43.7 mm

12.5 mm

Post Operative

36.1 mm

Reduce diameter 17.4%
Post TEVAR + CG

Aortic banding

Post Banding

No type Ia endoleak
Summarized technique

• Careful dissection ascending aorta from PA
• Reduce diameter or circumference of ascending aorta : 20-30 %
• Banding length : 2-3 cm.
• Not compromise chimney graft : gradient pressure 20-30 mmHg
• Intra operative DynaCT angiography: can be detected type la endoleak after banding
Thank You
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