The Use of a Novel Technique “Snare Ride “ to Overcome Hazardous Visceral Vessel Catheterization When using Branched devices to treat Thoracoabdominal aneurysm.

Leipzig, January 26th, 2017

Disclosure

Speaker name: Eduardo Rodrigues M.D

(MEMBER OF DR MARCELO´S FERREIRA TEAM)

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
Anatomical Applicability of T-Branch

87% of patients were suitable (Gasper & Chuter et al 2013)

88% of patients were suitable (Sweet & Chuter et al 2009)
THINK OUTSIDE THE BOX
Bail out Alternatives For Catheterization

Retrograde Target Vessel Catheterization as a Salvage Procedure in Fenestrated/ Branched Endografting

<table>
<thead>
<tr>
<th>Procedure Year</th>
<th>Aneurysm Type</th>
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<tbody>
<tr>
<td>2008</td>
<td>JAA</td>
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<td>2009</td>
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<td>TAAA</td>
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</tbody>
</table>

Outcome:
- Success
- Iliac-renal bypass

impossible repositioning

Courtesy: Dr. E. Verhoeven

Retrograde catheterization through retroperitoneal approach
The Loop Technique: Addressing Celiac Artery Dissection in a Branched and Fenestrated Endograft for the Treatment of a Type III Thoracoabdominal Aneurysm

Alternative for CT and SMA
Low morbidity
Can be used as a through and through

Dissected celiac

Final Result

Courtesy: Dr. Oderich (2016)
Bail out Alternatives For Catheterization

Translumbar Puncture for Retrograde Catheterization of a Kinked Left Renal Stent After Fenestrated Endograft Repair

Due to a frequent aortic kink toward the right, above the celiac trunk, the left renal and celiac are the most challenging (Haulon JEVT, 2010)
Snare Ride: First Step

Ascending renals

Renal Catheterization
Via femoral access - Through the barbs of previous endoprosthesis

Sheath

Cannulated Branch

Courtesy: Dr. Ferreira
Snare Ride Second Step

INDY SNARE (Cook: UNIQUE OTW VASCULAR RETRIEVER)

Courtesy: Dr. Ferreira
Snare Ride Third Step

Courtesy: Dr. Ferreira
Applicability

• To catheterize renals with previous free flow
• To snare guide wires out of fenestrations when misdeployed
• **Main indication:** To catheterize ascending vessels (specially renal vessels)

(Greenberg, 2010, JEVT)
Conclusion

- It has been used in six patients (five cephalad renals and 1 free flow) 100% success
- Low cost technique with a low morbidity
- Safe and reproducible
- Total endovascular, bail out technique, that is use for hazardous vessel catheterization
THANK YOU
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