Optimising access in TEVAR patients

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Disclosure

Speaker name:

...............MP Jenkins.................................................................

I have the following potential conflicts of interest to report:

x  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
Considerations

- Different strategy for different indications?
- Problem access – conduit use – historical?
- Sheath use?
- Open or percutaneous?
Different indications

• Blunt aortic injury
  – Small vessels
  – Haemodynamically compromised

• Aneurysmal disease
  – Tortuous iliacs
  – Occlusive disease

• Aortic dissection
  – True lumen access
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Problem access

• Only need one iliac for TEVAR
• Minimum size requirement?
• Other factors:
  – Calcification
  – Focal stenosis vs artery length
  – Tortuosity
  – Prosthetic
• “Crack and pave” vs surgical conduit
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Sheath use

- Advantages of sheath use:
  - Reduced bleeding
  - Multiple stents
  - Ballooning

- Any disadvantages?
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  – Reduced bleeding
  – Multiple stents
  – Ballooning

• Any disadvantages?
Open/percutaneous

- Benefits or just political
- Role for fascial closure?
- Which cases to avoid?
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