OFF-THE SELF TREATMENT OF AORTIC ARCH PATHOLOGIES WITH NEXUS

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Disclosure

Speaker name:
Michele Antonello

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
NEXUS ENDOGRAFT

NEXUS™ Aortic Arch Stent Graft System is available in a range of sizes that can adapt to a wide range of anatomies.

**Main Module**

<table>
<thead>
<tr>
<th>Diameter (mm)</th>
<th>Length (mm)</th>
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<tbody>
<tr>
<td>14</td>
<td>50</td>
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<tr>
<td>17</td>
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<td>20</td>
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<td>25</td>
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<td>30</td>
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<td>40</td>
<td>180</td>
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<tr>
<td>44</td>
<td>180</td>
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</table>

**Ascending Module**

<table>
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<tbody>
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<tr>
<td>40</td>
<td>55</td>
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<tr>
<td>43</td>
<td>70</td>
</tr>
</tbody>
</table>

*all possible combinations of diameter and length are available

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**NEXUS™ Anatomical indications**

**Ascending Aorta**
- Diameter of 29-39 mm
- Landing zone length of at least 30 mm

**Descending Aorta**
- Diameter of 26-40 mm
- Landing zone length of at least 30 mm

**Brachiocephalic trunk**
- Diameter of 11.5-18.5 mm
- Landing zone length of at least 20 mm
- Take off angle between the brachiocephalic artery and
Main module deployed in the LSA

- Bilateral femoral percutaneous access
- Left axillary artery percutaneous access
- Femoral vein access for rapid pacing
- Brachial femoral through and trough system
✓ 66 yrs, M
✓ Thoracic Back Pain, Hypertension (210/110 mmHg)
✓ 2005 Surgery for Type A Dissection
✓ 2007 Appendicitis with peritonitis
✓ 2008 T.I.A.
✓ 2012 Incisional hernia repair
URGENT CASE: visceral aorta
URGENT CASE: PLANNING

Planning Image

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FULL Overview

ASC inner length to SPS

SPS Diameter

ASC inner length landing zone

CA Overview

CT inner length to Ostium

CT inner length landing zone

Alpha Angle
1. Debranching SAT (RCCA to LSA PTFE Propaten 8 mm + reimplantation of the LCCA)

2. R Axillary artery access (surgical, 9 Fr introducer sheath)

3. Single femoral access: DrySeal 24 Fr, 65 cm length

4. Percutaneous access of the Right femoral vein for rapid pacing (6 Fr)
URGENT CASE: I STEP

SUPRA RENAL AORTIC FENESTRATION
AORTO-BIFEMORAL 18x9 mm
URGENT CASE: II STEP

Supra Aortic Trunk Debranching

RCCA – LSA Bypass PTFE Propaten 8 mm

LCCA Reimplantation
URGENT CASE: III STEP
POSTOPERATIVE PERIOD

✓ Extubated 12 hours after surgery

✓ No sign of neurological lesions

✓ RI requiring Slow Continuous Ultrafiltration for 15 days

✓ Discharge from ICU after 18 days
CONCLUSIONS

✓ The possibility to perform mini-invasive arch procedures, also in emergency situations

✓ Nexus endograft is the only off-the-shelf device on the market design to treat for arch pathologies

✓ Provides a complete paradigm shift in this field.
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