Cook Medical T Branch® System

Established off-the-shelf Thoracoabdominal Endovascular System

FOR ER AND ELECTIVE CASES

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

✓ Consulting: Lombard Medical, Cook Medical, WL Gore, Bolton Medical, JOTEC-Cryolife, Cardinal Health.

Employment in industry

Stockholder of a healthcare company

Owner of a healthcare company

✓ Other(s): Spanish National Health Service Employee

I do not have any potential conflict of interest
Available option to deal with acute treatment

Zenith® t-Branch™ is the first off-the-shelf complete platform specifically designed for the treatment of patients with thoracoabdominal aneurysms.

What about programmed cases?
Chuter T et al  
J Endovasc Therapy 2009

Austermann M et al  
J Vasc Surgery 2014

- 100% tech success  
- Tech success and outcome comparable to CMD design  
- 46 patients  
- Potential to eliminate (reduce) the need for CMD devices
Systematic performance review

Thoracoabdominal off the shelf repair with Tbranch is feasible and safe for elective and Urgent cases

Tslimparis N, Kolbel T et al J Vasc Surgery in press
Standardized configuration simplifies device selection

SMA Branch
- Diameter: 8 mm
- Length: 18 mm
- Distance from proximal end of graft to distal end of branch: 117 mm
- Clock: 12:00

Celiac Branch
- Diameter: 8 mm
- Length: 21 mm
- Distance from proximal end of graft to distal end of branch: 99 mm
- Clock: 1:00

Left Renal Branch
- Diameter: 6 mm
- Length: 18 mm
- Distance from proximal end of graft to distal end of branch: 135 mm
- Clock: 3:00

Right Renal Branch
- Diameter: 6 mm
- Length: 18 mm
- Distance from proximal end of graft to distal end of branch: 135 mm
- Clock: 10:00
Universal Distal Body: Unique Dedicated design to combine with Tbranch

- Four sizes:
  - UNIBODY 22-81
  - UNIBODY 22-98
  - UNIBODY 22-115
  - UNIBODY 22-132

- Proximal diameter: 22 mm
- Lengths: 81 mm, 98 mm, 115 mm, 132 mm
Off-the-shelf capability related to versatility

More than a simple graft: A complete off-the-shelf solution for immediate treatment of thoracoabdominal aneurysms.
The durability of the Zenith devices

Choose a device with superior endoleak and migration resistance

ARC Technology™ is the name for Zenith’s unrivaled systemic migration resistance:

**A** active fixation,

**R** adial force and

**C** olumnar strength...working in unison.

- Only Zenith from Cook Medical has ARC Technology
- Stents from branches placed in the viscerals locks graft in place
Expand applicability in ER and elective patients: Tips and Tricks for T-Branch

1. Sizing and Planning: tips to plan procedure and overcome limitations

2. Deployment sequence: My personal approach.

3. Stage your T branch
Sizing and Planning: tips to plan procedure and overcome limitations
Sizing and Planning: tips to plan procedure and overcome limitations

Really important issue: investigate IVD at visceral segment and take care of IVD related to branches.

Not important issues: play with landing and bridge stent lengths
Sizing and Planning: tips to plan procedure and overcome limitations

**Important issue**: compromise sealing and patency. (>8 mm renal not really a problem)

**Small polar renal consider sacrifice**

**Not important issues**: play with landing, bridge stent lengths and use more flexible bridge stents or relining
Sizing and Planning: tips to plan procedure and overcome limitations

Critical issue, not a limitation: never doubt in going hybrid!!!

Not important issues: go hybrid again or just use more Cook grafts: ZBIS is your tool
Sizing and Planning: tips to plan procedure and overcome limitations

Not a limitation: go higher or tune your landing with thoracic component!!!

Not a limitation: design your deployment to minimize or just buy some more room, go higher again
Sizing and Planning: tips to plan procedure and overcome limitations

**Important limitation:**
Consider hybrid approaches

**Not a limitation:**
Use more flexible bridge stents and higher deployment
Sizing and Planning Tips:

1. Not suitable for 34 mm

2. Upcranial direction for renals
Sizing and Planning Tips:

1. Not suitable for 34 mm

2. SMA and renals close (6 mm)

2. Small calcified access
Sizing and Planning Tips:

1. Not suitable for 34 mm

2. Just 1 renal patent

3. Small distance renal to neobifurcation (graft)
Implantation sequence: our sequence

Run with graft in place 5º CC

Renal branches 2 cm above center reference renal

Unibody in place: deploy
Implantation sequence: our sequence

- Ipsilateral ZISL deploy
- Contralateral cannulation
- Contralateral deploy (optional; staging)
- Balloonning and closure
- Percutaneous sheath downsizing

TBRANCH: 22F sheath
Unibody: 20F Sheath
Limb extensión Balloon&closure : 18F Sheath
Implantation sequence: our sequence

Sequential Branch Cannulation and deployment for bridge stent

12F sheath access from axilar approach to stabilize

Always start with SMA

8F 70 cm Flexor sheath coaxial for vessel cannulation
STAGE your TBRANCH!!!

Prevent spinal cord ischemia with 2 or 3 Stages

If additional thoracic component is needed do this as first approach
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If the treatment is Tbranch alone then leave contralateral for second stage
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Prevent spinal cord isquemia with 2 or 3 Stages

If additional thoracic component is needed do this as first approach

If the treatment is Tbranch alone then leave contralateral for second stage

Sometimes you can plan a perfussion branch...

If possible use evoqued potentials
No conclusions: 1 comment

...more than a “simple” thoracoabdominal device

A Real proven and safe Multi-tool System (with some T&T) for thoracoabdominal repair in ER and elective cases