

**Case 28 Hamburg 1:
male, 70 years (D-F)**

**Transfemoral branched EVAR for
Type IV TAAA after previous EVAR**

Operators: T. Kölbel, C. Behrendt

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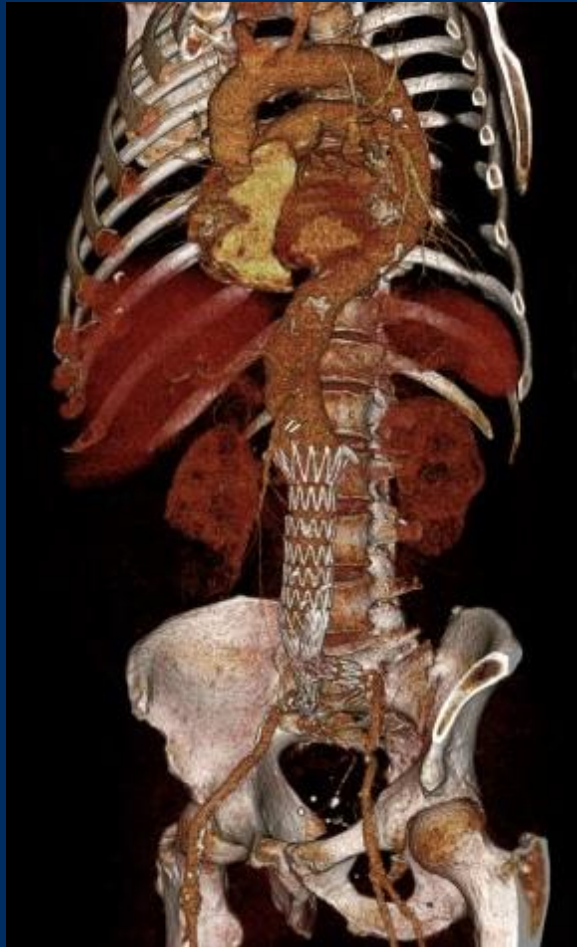
- **Clinical data:**
 - EVAR 2010
 - TAAA Type IV 57mm

- **Present state:**
 - Bilateral renal artery stenting
 - Multiple penetrating aortic ulcera (PAU)
of thoracic aorta

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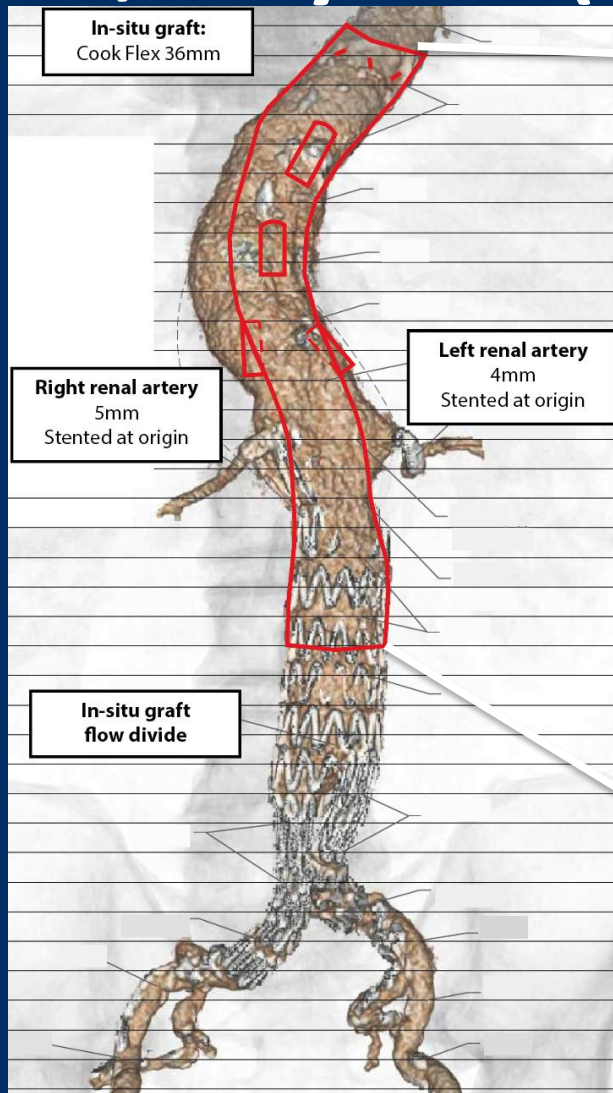
- Risk factors:
 - Active smoker
 - Arterial hypertension
 - History of stroke
 - History of rectum resection (cancer)

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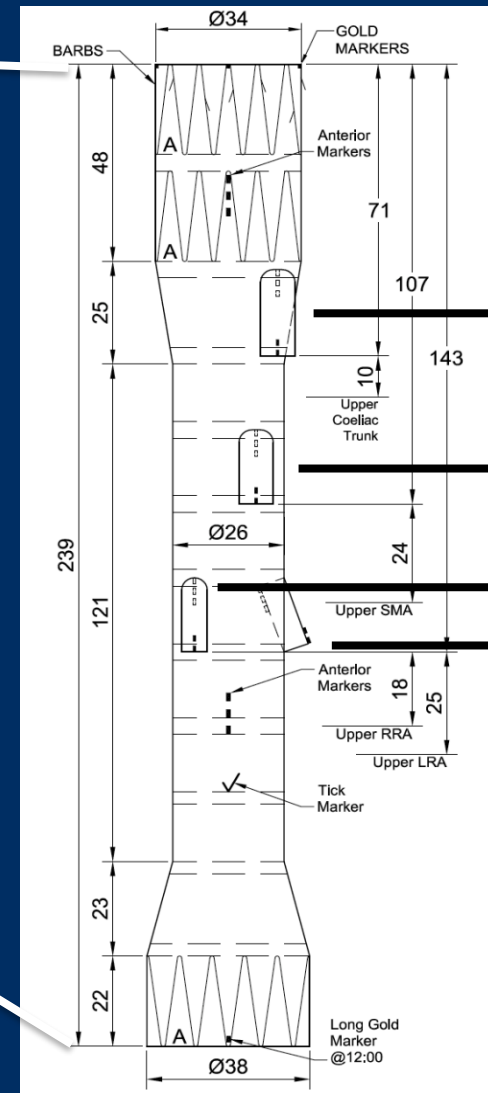
- **Type IV thoracoabdominal aneurysm**
 - 57mm, asymptomatic
 - History of infrarenal EVAR
 - History of bilateral renal artery stenting
 - Multiple penetrating aortic ulcers (PAU)

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ø34mm

ø38mm



02:00

01:00

10:45

03:00

22F > 14F

5F

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- **Procedural steps:**
 - 1. Spinal drainage
 - 2. Right common femoral artery access (22F) with ProStar (Abbott), left common femoral artery access (5F)
 - 3. Carbondioxide and saline flushing of custom-made branched main graft (Cook)
 - 4. Main graft deployment under CT-fusion guidance
 - 5. Downsizing of right common femoral artery access to 14F, 30cm Check-Flo sheath (Cook)
 - 6. Introduction through wire supported steerable sheath (Fustar 10F, 55cm, Lifetech)
 - 7. Targetvessel catheterization and connection: Fluency (Bard/BD), Viabahn (Gore)
 - 8. Final Angiography