Covered self-expandable endoprosthesis and dual component stent for iliac treatment

RAFFAELLO BELLOSTA, MD
Poliambulanza Foundation Hospital
Brescia - Italy
Disclosure

Speaker name:
Raffaello Bellosta

I have the following potential conflicts of interest to report:

☑ Consulting (WL Gore)
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
CLINICAL CASE

- 72 yrs old w
- Smoker
- No diabetes
- No CHD
- 2 months earlier progressive limb claudication;
  2 weeks foot rest pain (Rutherford 4)
CLINICAL CASE
ABI: 0.42
CT Vascular & Endovascular Surgery – Poliambulatoria Foundation Hospital
Treat all of the disease (stent “healthy to healthy”)
TREATMENT
TREATMENT
TREATMENT
TREATMENT

VBX 9 x 59 mm

Tigris 4 x 40 mm

Viabhan 6 x 50 mm
FOLLOW UP

AORTIC LANDING ZONE
FOLLOW UP

ILIAC LANDING ZONE
FOLLOW UP

@ 9 months
1. The most important issue of endovascular treatment, as in open surgery, is to place device (in particular stentgraft) in healthy vessel.

2. With covered stents we must be very meticulous with our technique (planning, oversizing not over 1 mm, dual antiplatelet therapy, follow up).

3. In this manner stentgraft becomes a real «endobypass».
Covered self-expandable endoprostheses and dual component stent for iliac treatment

RAFFAELLO BELLOSTA, MD
Poliambulanza Foundation Hospital
Brescia - Italy