Disclosure

I have the following potential conflicts of interest to report:

Consultant Somatex
Procotor SIRTEX
Embolisation - Basics
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- Stentgrafts
- Coils (Stentgraft) (Glue)
- Particles Glue
Embolisation - Basics

- Stentgrafts
- Coils (Stentgraft) (Glue)
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Embolisation - Basics

Coilembolisation needs a normal hemostasis or extreme dense packing

- Stentgrafts
- Coils (Stentgraft)
- Glue
- Particles

(Stentgraft) (Glue)
Coils

MReye, Cook Medical

VortX, Boston Scientific

Interlock-18 Fibered, Boston Scientific

Azur Hydrocoil, Terumo

Azur CX, Terumo

Ruby Complex Standard, Penumbra
Frontdoor – Backdoor - Embolisation
Choosing the right coil

Detachable Coils
- Safe Deployment
- Retractable
- Longer Coils
- Expensive

Pushable Coils
- Easy / Fast Deployment
- „Fire and Forget“
- Shorter Coils
- Cheap

Pod Packing Coil, Penumbra

Target 360, Stryker
Choosing the right coil

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What else to consider:
• Size (0.035“, 0.018“, 0.010“)
• Configuration
• Diameter (Length in catheter & deployed)
• Softness
• Fibers / Hydrogel

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What to think of before Embolisation:

- Importance of the carrier vessel (sacrifice?)
- Collaterals
- Frontdoor-Backdoor / Embolisation-Strategy
- Size of the vessel
- Proximal length of the vessel
- Velocity of the blood
- Does the coil fit into the catheter
- Beware of sideholes (4F-catheter)
Bleeding renal artery

Embolisation portocaval shunt

Pseudoaneurysma hepatic artery

Aneurysm gastroomental artery

Preparation before EVAR
Principles of coil embolization for bleeding, endoleaks, and beyond

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