Cheese-Wire Fenestration to Create a Suitable Landing Zone for Treatment of Complex Aortic Dissection with Late Aneurysm Formation

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Disclosures

Speaker name: **Jordan R. Stern, MD**

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
Introduction

• Following Type A/B aortic dissection, late aneurysm formation downstream

• Sealing zones for endografts compromised by thick, rigid septum
  • Measure to true lumen only vs. full lumen?
  • Can you seal against the septum?

• Remove septum to allow full expansion of endograft for seal in single lumen
Case History

70 year old male with hx of Type A dissection in 2005 requiring ascending and hemiarch repair, residual Type B component extending to bilateral iliacs with aneurysmal degeneration

PMH:
HTN, hyperlipidemia

PSH:
Hemiarch repair

Allergies:
NKDA

Medications:
ASA, HCTZ, Hydralazine, Metoprolol, Lovastatin

Family history:
No history of aneurysm/dissection

Social history:
No smoking history, retired but active
4.0 cm R Common iliac aneurysm
4.1 cm L Hypogastric aneurysm
Operative Plan:

- Left arm (high brachial) and bilateral femoral access
- Endoluminal septotomy (cheese-wire)
- Infrarenal EVAR
- Left iliac branch device
- Right hypogastric embolization
**False Lumen (right)**
18 Fr Dry seal sheath
7Fr Tourguide
9mm outback re-entry catheter
.014 platform

**True Lumen (left)**
16 Fr Dry seal sheath
12-20 EN-Snare
Gore Excluder
35mm main body

Gore VBX
8x59mm
1 month post-op
Conclusions

• Endoluminal septotomy feasible, safe
• Allows full expansion of endograft into a re-created single lumen for endovascular aneurysm repair (aortic, iliac)
• Short-term outcomes good
• Long-term durability still unknown
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