The Colt device
How cooperation with industry influenced the treatment of complex TAAAs

Piotr Szopiński
Head of the Clinic of Vascular Surgery
Institute of Haematology and Transfusion Medicine
Warsaw, Poland
Disclosure

Speaker name:

............Piotr Szopiński........

I have the following potential conflicts of interest to report:

☑ Consulting Jotec/Cryolife
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
First project
Cooperation with Jotec

Sample for Prof. Szopinski

Ø = 18 mm

Ø Branch = 6 mm

Ø = 36 mm
Cooperation with Jotec

Lego-Stentgraft-Project
Pulling and X-ray tests
The device is delivered through a 24-F system
Colt docking station for TAAA

- Ø 8mm, 22mm
- Ø 6mm, 19mm

device inside
device outside
Indications for Colt TAAAs
Clinical experience with COLT

- **13 th August 2015 – first in man implantation**

- **14 patients** (1F, 13M), aged 56-74
  - all ASA III
  - TAAA: Type II – 6
    - Type III – 6
    - Type IV – 2

- **procedure:** one- (7), two- (6) or three-stage (2)
  - branches: E-ventus, Viabahn, Advanta V12

- **follow-up 1-38 months**
  - one death (multiorgan failure) 7th postoperative day
  - one branch occluded (celiac trunk)
  - restenosis in two renal branches – angioplasty with stenting
  - one branch (RRA) dislocation (reconnected with Viabahn)
  - two Type II endoleaks in observation
  - one Type Ia endoleak – treated with molding balloon
Case 1

- 69y male, thoracoabdominal aneurysm (Type II)
- h/o: open repair of rAAA – tube prosthesis
First stage: E-vita Thoracic
Second stage (one month later): **COLT + extension**
Control CTA 12 months after the procedure
Case 2

- 75y male, thoracoabdominal aneurysm (Type III)
- h/o: CAD, hypertension, stroke (2012)
RRM - Renal artery Rescue Module
Three-stage procedure:
- E-vitaThoracic
- Colt
- Upward branched module with bifurcated stent-graft
Conclusions

• Long-term follow up and a larger group of cases are needed to prove applicability of this novel device in the treatment of TAAA; however, initial short-term results are promising.

• Further modifications of the Colt will accelerate the transition to partial replacement of custom-made devices, which may result in the elimination of manufacturing delays and lowering of treatment costs.
The Colt device
How cooperation with industry influenced the treatment of complex TAAAs

Piotr Szopiński
Head of the Clinic of Vascular Surgery
Institute of Haematology and Transfusion Medicine
Warsaw, Poland