

ILIAC RUPTURE DURING ENDOVASCULAR REPAIR OF THE THORACIC AORTA

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

■ Consulting,

BAYER,

MEDTRONIC,

GORE,

BOSTON SCIENTIFIC

Wath's in the literature

During thoracic repair there may be a risk 8.9%

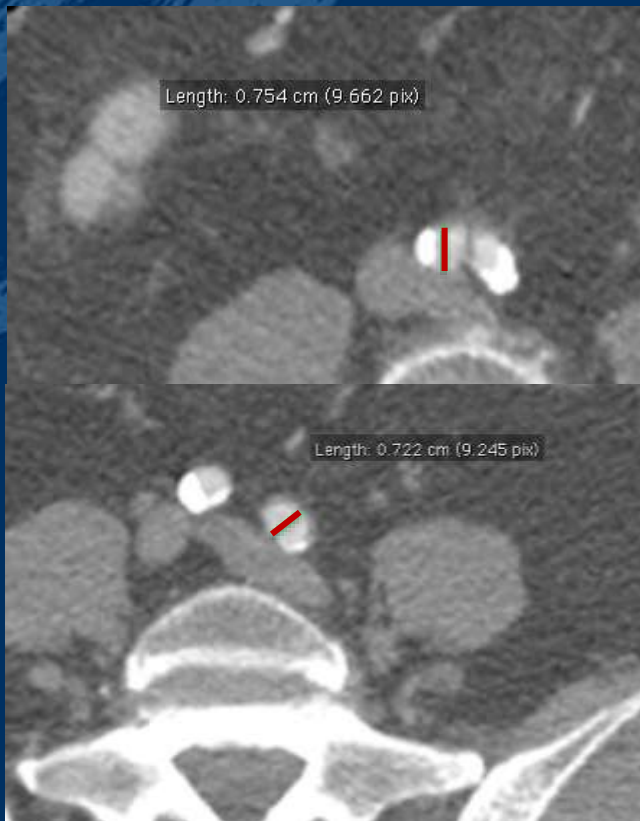
Increases the mortality and length of stay

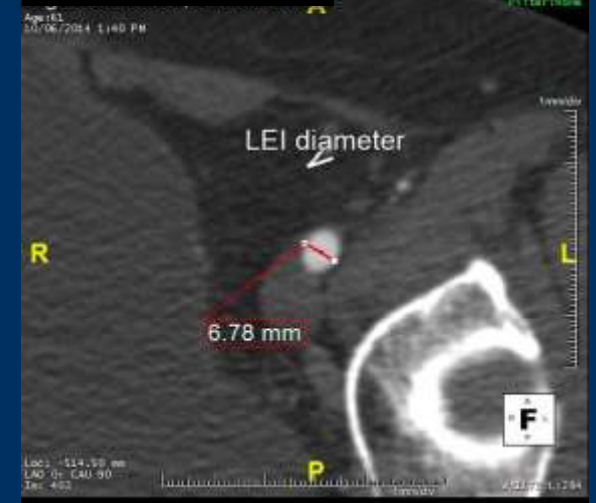
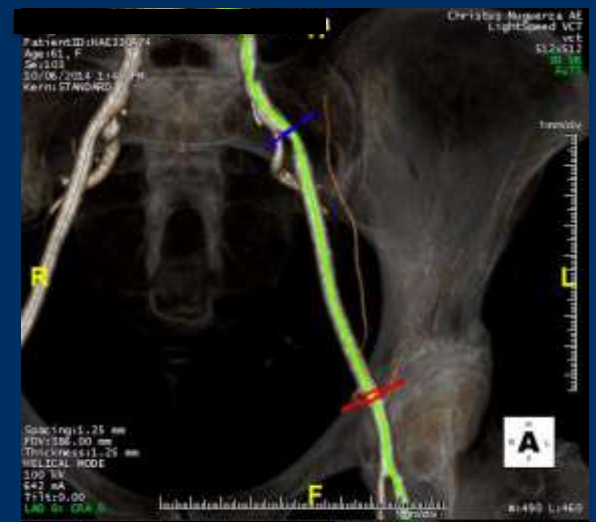
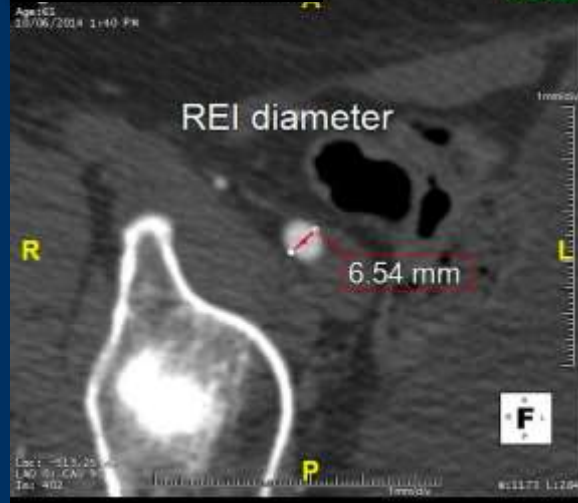
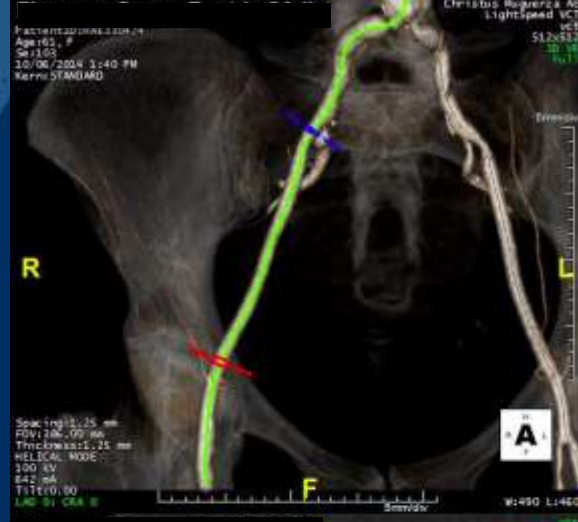
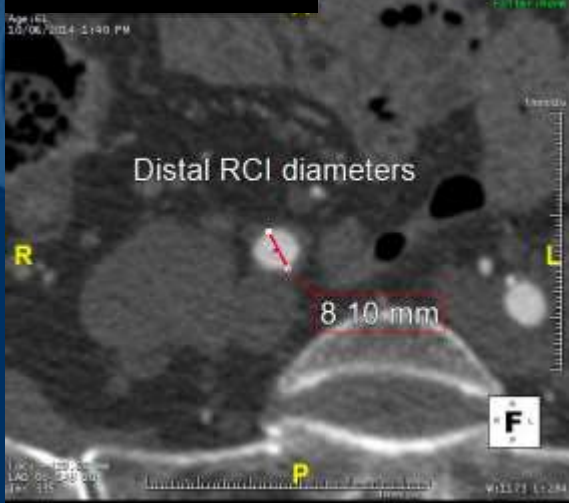
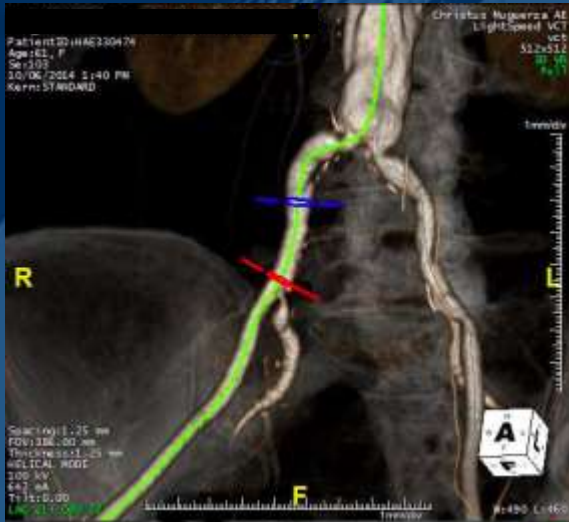
It is more common in women

It is more common in thoracic repair vs EVAR

Use of internal endoconduit

The height it does it matter?

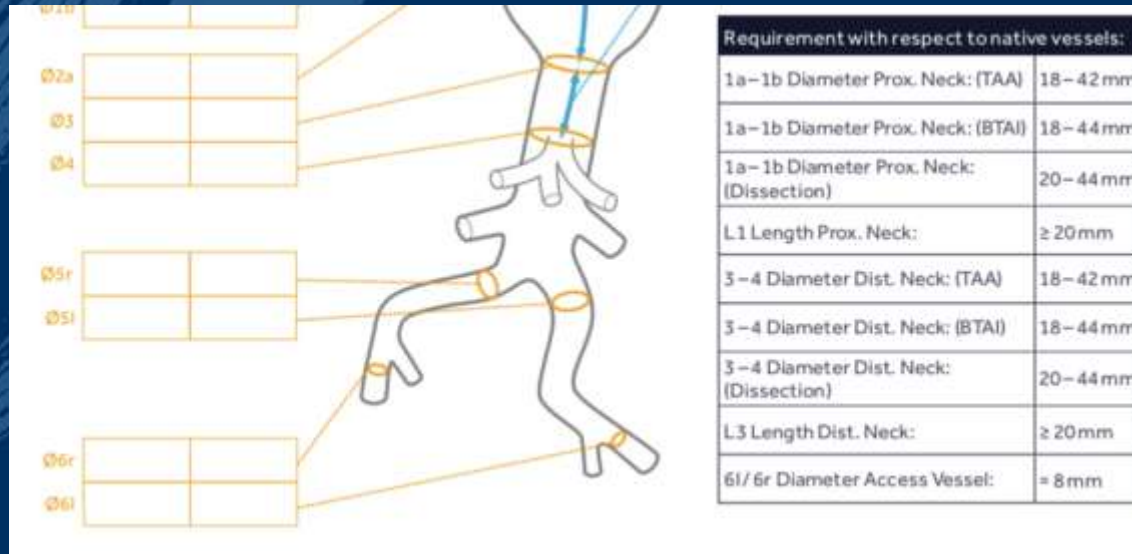




There is something that fits here?



Minimum requirements



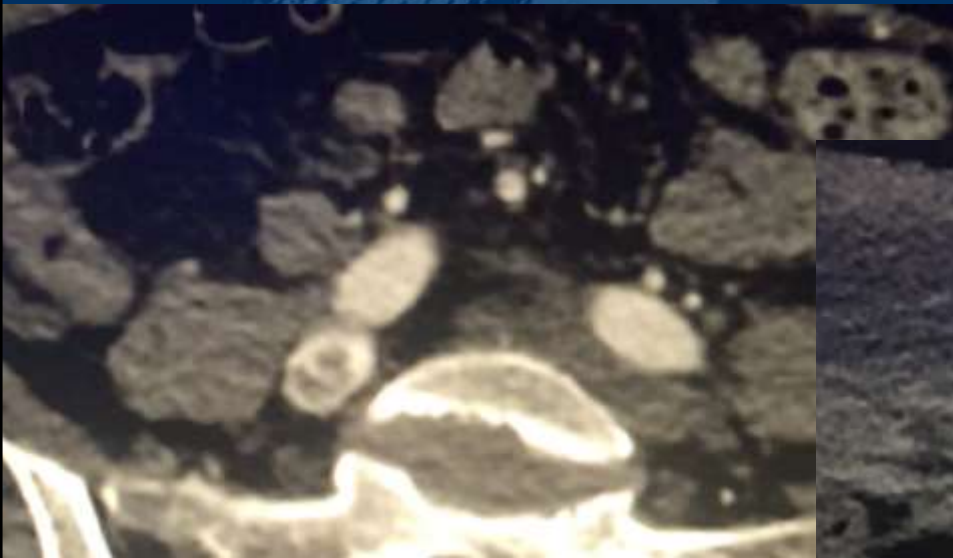
DIFERENT DEVICES MINIMUM DIAMETER

DEVICE	INTRODUCER SHEAT	ILIAC MIN DIAMETER
VALIANT CAPTIVIA	18-22 fr	6.7mm
C-TAG	18-24 fr	6.7mm
COOK ZENITH A	16-20fr	6.1mm
BOLTON MEDICAL	22-26fr	8.2

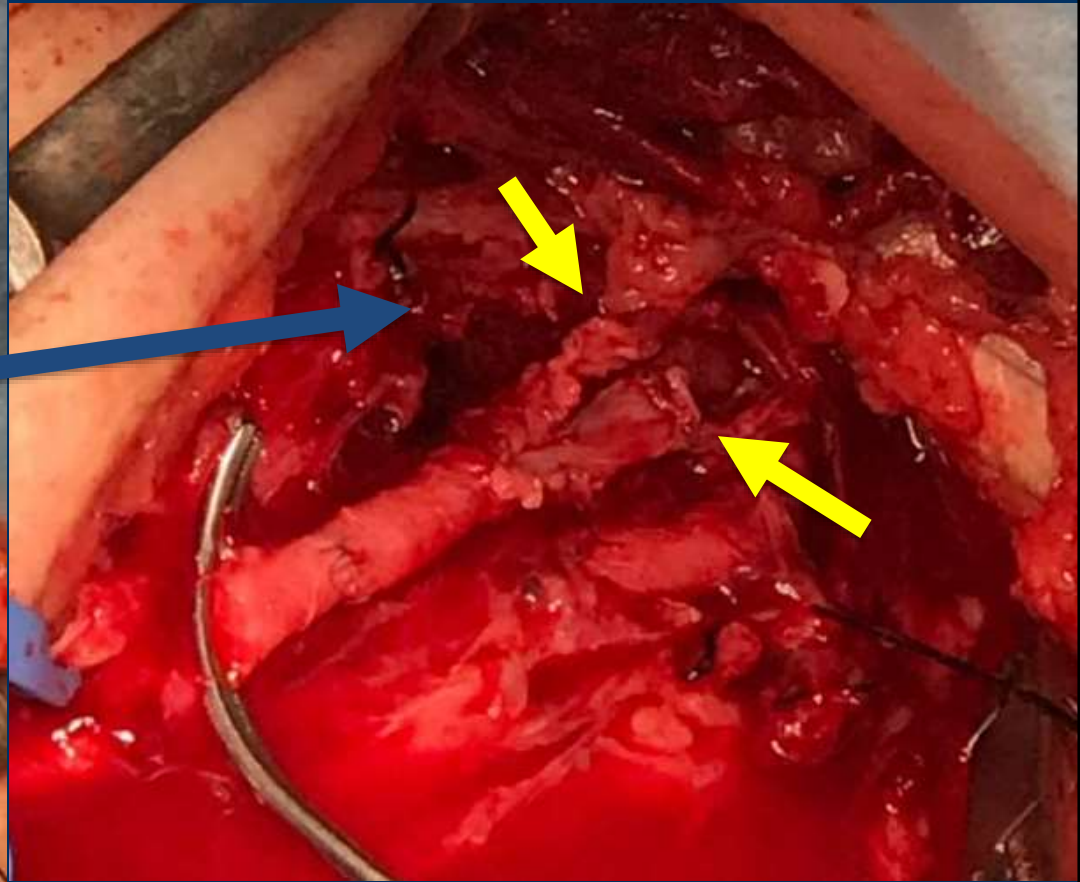
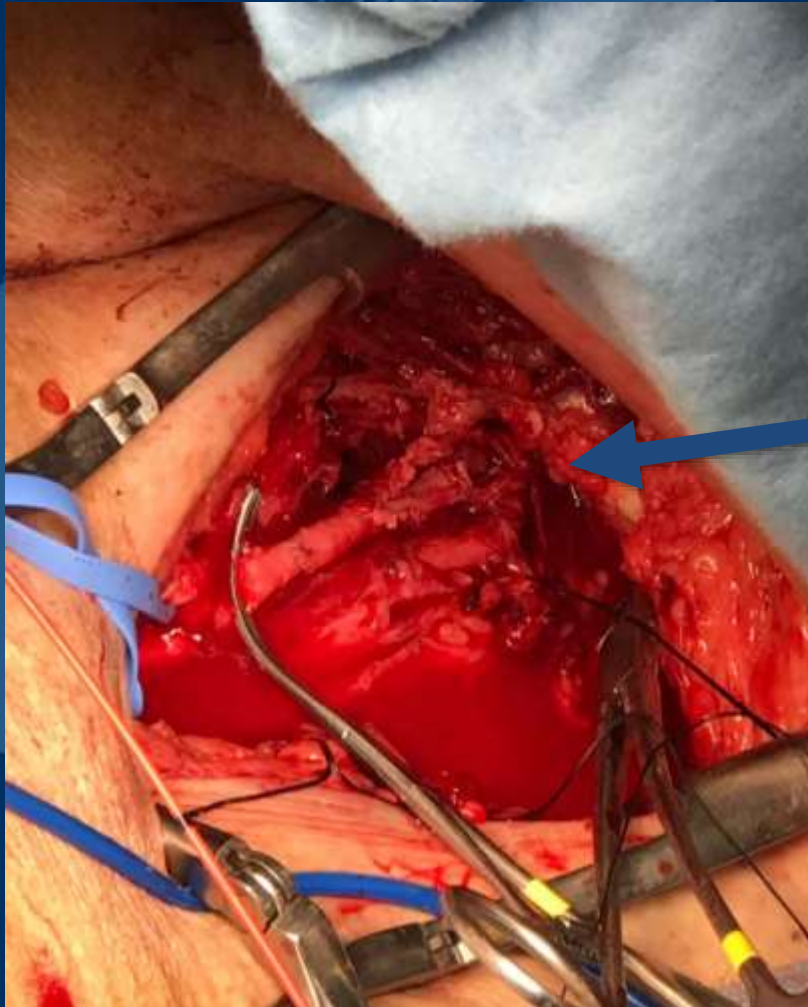
Preparing the case

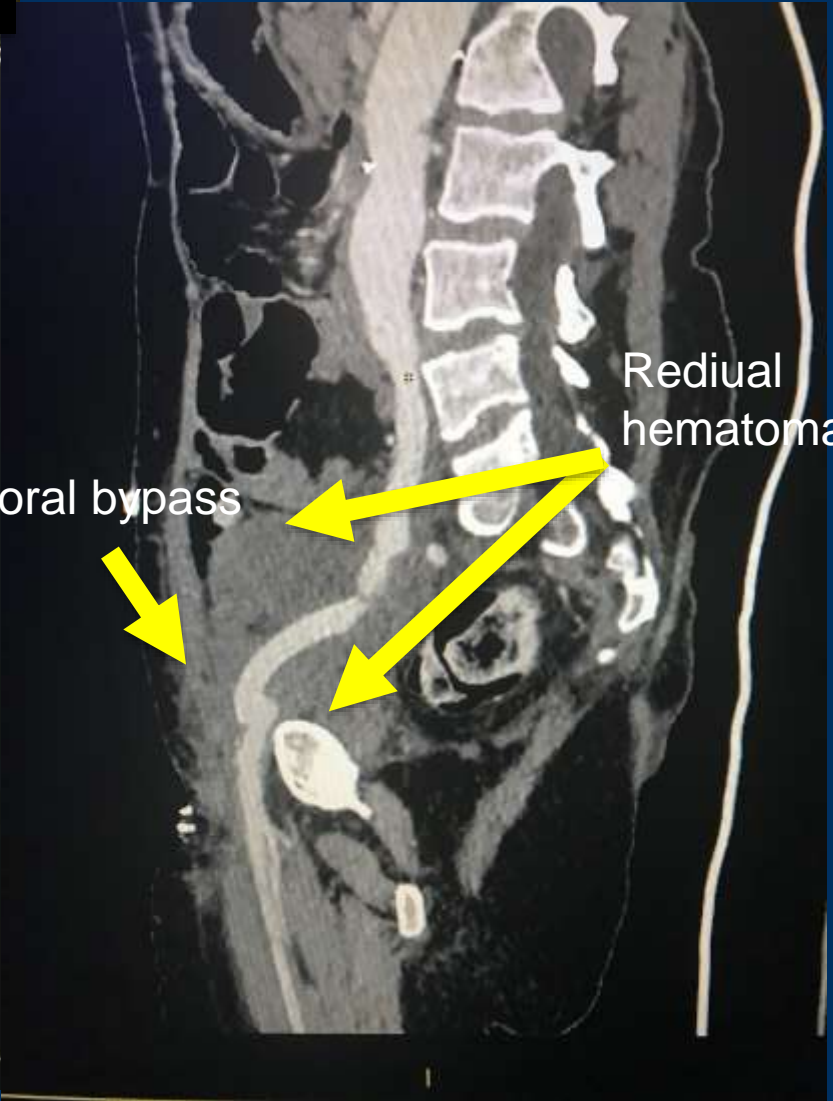


But even when we do



But wath happens?





Things to think

- 1.-iliac diameter important
- 2.- if you pass the sheath easily
- 3.-remove the introducer slowly
- 4.- 2% cases TAA with rupture
- 5.- the last thing to leave is the guide

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