When and How to Incorporate Adjunctive Proximal Sealing Technology Such as EndoAnchors



Jeffrey Jim, MD, MPHS, FACS
Associate Professor of Surgery
Program Director, Vascular Surgery Training Programs



Disclosure

Medtronic: consultant/speaker; research (clinical trials)



Proximal Type Ia Endoleaks

- Loss of proximal fixation from continued neck expansion or inadequate seal from hostile neck
- Most challenging type of endoleak to address
- Endovascular secondary interventions (INFRARENAL)
 - Aortic cuff placement
 - Placement of EndoAnchors
 - Conversion to aorto-uni-iliac repair w/femoral to femoral bypass
 - Proximal stent placement (Palmaz); coil embolization
- Endovascular secondary interventions (JUXTARENAL)
 - Chimneys, snorkels, periscopes
 - Fenestrated/branched endografts
- Open conversion
 - Explant (complete or partial) of endograft components

EndoAnchors







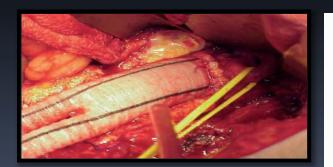
The Aptus EndoAnchor and Heli-FX have been evaluated and determined to be compatible with the following endografts:

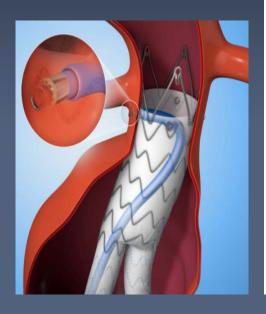


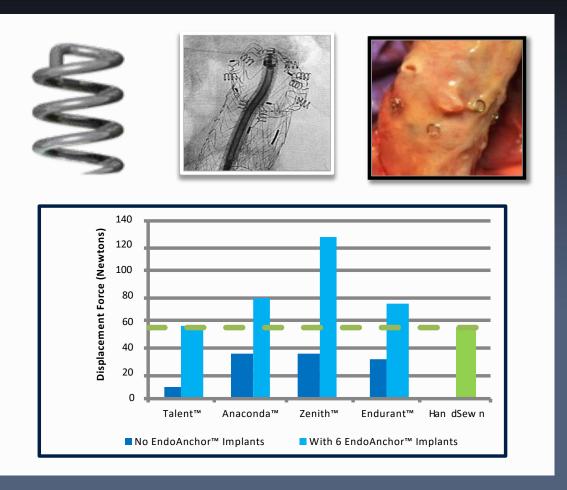
Medtronic does not recommend off-label use of endografts
 Use of EndoAnchors does not change the indications of the stent graft

EndoAnchors

Mimicking and replicating sutured anastomosis







EndoAnchors



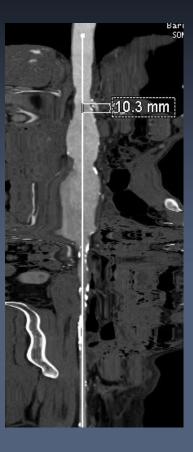


Treatment of Endoleak

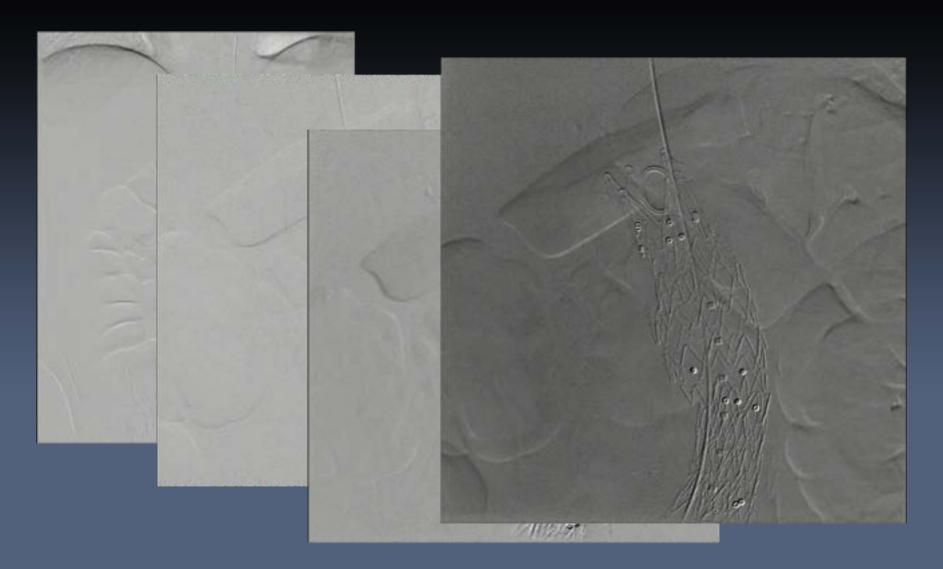
- 72M incidental AAA
 - Aortic neck (10 mm; conical 21 to 25 mm)





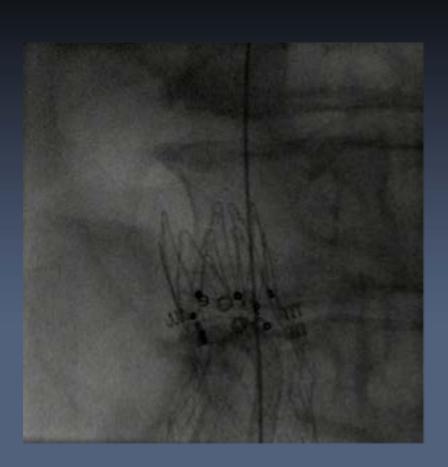


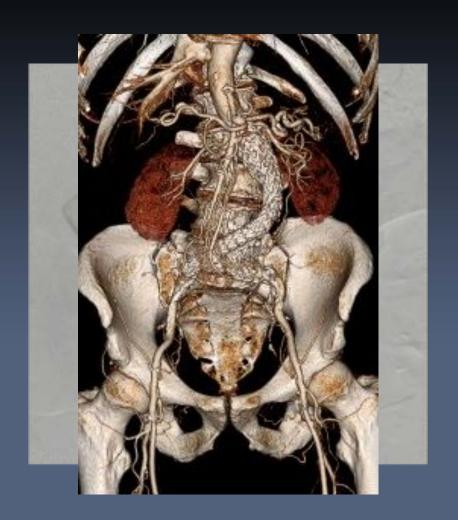
Treatment of Endoleak



Treatment of Endoleak

Placement of 8 EndoAnchors





Utilization of Endoanchors

- Treatment of endoleak (index operation or 2° reintervention)
- Prophylactic utilization in "high risk" necks
 - Prevention of neck dilatation
 - Regression in sac size
- October 2017
 - Short neck

EXPANDINGPATIENT CARE OPTIONS

THE FIRST APPROVED
OFF-THE-SHELF SHORT
NECK EVAR SOLUTION

Indicated for patients with necks <10mm length and ≥4mm and ≤60° infrarenal angle Endurant[™]II/IIs

AAA Stent Graft System

and

Heli-FX[™]

EndoAnchor[™] System

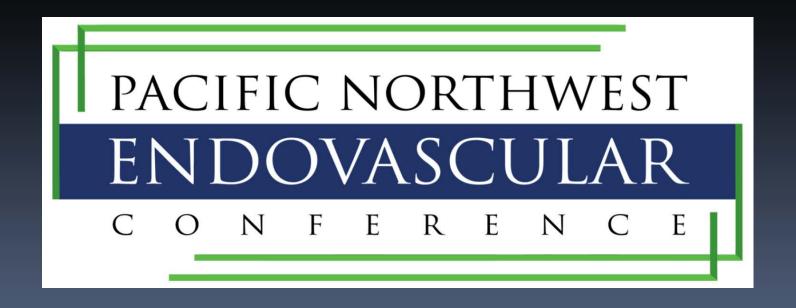
Short Neck: Endoanchors + Endurant

- Subset of 70 patients between 4 and <10 mm (mean <7 mm) infrarenal neck in ANCHOR registry
 - No sac expansion, no migration at 12 months



Summary

- Nothing replaces careful preoperative planning
- EndoAnchors augments EVAR (TEVAR), but does not replace adequate seal zone
- Consider use of EndoAnchors in:
 - All revision procedures (as sole treatment)
 - Therapeutic use in index/primary procedures
 - Prophylactic utilization in "high risk" aortic necks
 - Treatment of "short neck" aneurysms.
- EndoAnchors are an essential part of the armamentarium of an aortic surgeon
- Have EndoAnchors available prior to all procedures



Questions???