The chimney EVAS procedure

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Disclosure

Speaker name: MMPJ Reijnen

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
Chimney-EVAS

• 76-year old female patient

• Medical history
  • TIA
  • Hypertension
  • Severe coagulation disorder with spontaneous near-fatal bleeding

• Growing juxtarenal aneurysm
Chimney-EVAS

- AAA diameter 59 mm
- β-angulation 75°
- Aortic diameter
  - Celiac trunk 26 mm
  - SMA 25 mm
  - LRA 23 mm
  - 10 mm below LRA 32 mm
Chimney-EVAS

• Conventional EVAR: anatomical unsuitable

• Open repair: severe coagulation disorder

• FEVAR: deemed unsuitable due to:
  • Angulation
  • Posterior thrombus in the sealing zone
  • Small access diameters

• Triple chimney-EVAS
Chimney-EVAS

Procedural plan:

• Prophylaxis with Tranexamic acid, Desmopressin and platelet transfusion

• Triple chimney EVAS procedure with sealing below CT

• Nellix-in-Nellix due to required length (205mm)

• Calculated polymer volume 96mL

• Bilateral femoral and unilateral subclavian access
Chimney-EVAS
Take-home messages

• Chimney EVAS is a feasible alternative for treatment of juxtarenal or pararenal aneurysms

• Required sealing zone for CHEVAS is ≥ 2cm

• Nellix-in-Nellix is possible, but beware of excessive endobag material in overlap zone

• More robust evidence is expected (Ascend trial)
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