

The chimney EVAS procedure

Michel MPJ Reijnen
Rijnstate Hospital
Arnhem, The Netherlands

Disclosure

Speaker name:

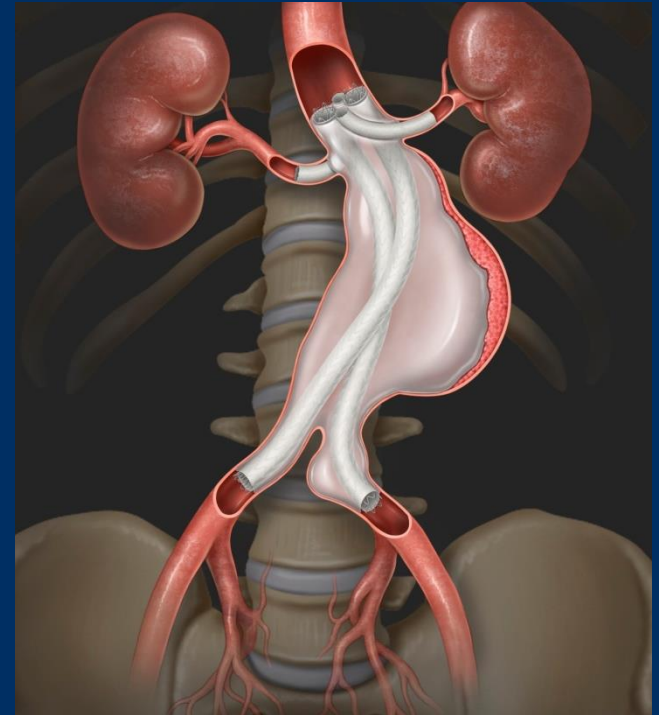
MMPJ Reijnen

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)
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- I do not have any potential conflict of interest

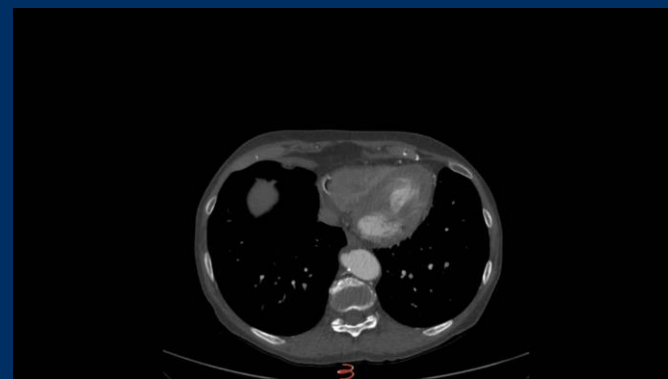
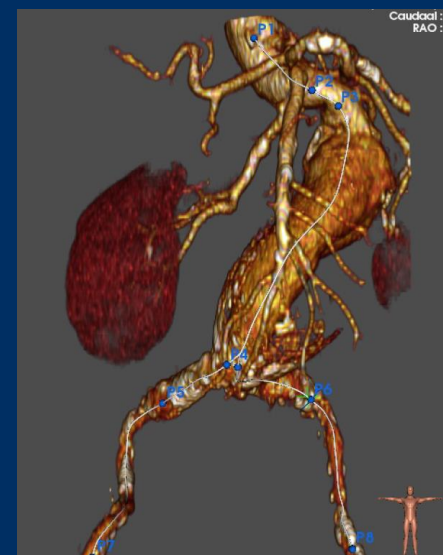
Chimney-EVAS

- 76-year old female patient
- Medical history
 - TIA
 - Hypertension
 - Severe coagulation disorder with spontaneous near-fatal bleeding
- Growing juxtarenal aneurysm






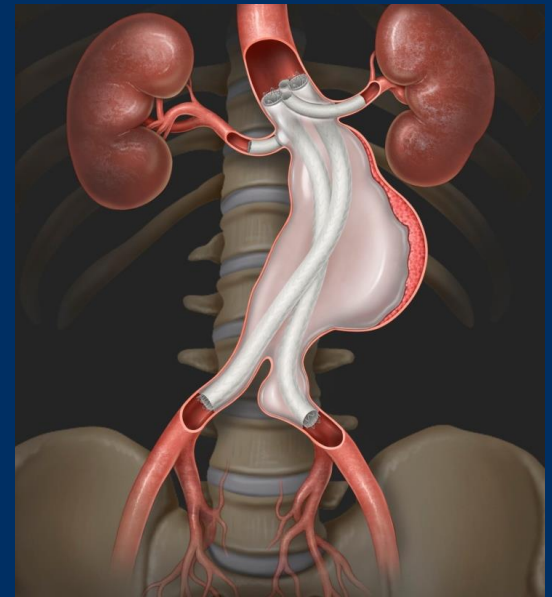
Chimney-EVAS

- 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

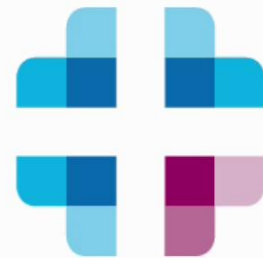


Chimney-EVAS

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



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Take-home messages

- Chimney EVAS is a feasible alternative for treatment of juxtarenal or pararenal aneurysms
- Required sealing zone for CHEVAS is $\geq 2\text{cm}$
- 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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