Stent grafting for ascending aortic pseudoaneurysm

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(Live demo site in LINCAP 2014, 2016)
Disclosure

Speaker name:

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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
77 y/o female with history of schizophrenia under medication

Unhealing wound over ant. chest wall for 2 weeks
Admission due to acute psychosis

Sudden massive hemoptysis and hypotension at ward 3 days later
Surgical planning

Ascending aorta replacement under cardiopulmonary bypass

Dirty chest wound may contaminate the interposition graft and cause mediastinitis

Endovascular stenting due to enough landing zones?
Endovascular planning

Choose proper **diameter** and **length** of stent graft
(ascending aorta diameter 34~40 cm, length 9 cm)

Supporting stiff wire into LV for nose cone of stent graft into LV
Body floss wire from apex to femoral
Deploy under epicardial pacing
Wound culture: TB
Post-op CT scan
Post-op CT scan
Summary

Via left mini thoracotomy
Create body floss wire from apex to femoral
Establish epicardial pacing

Beware of coverage of coronary arteries

Well planning helps everything better
Conclusion

Via left mini thoracotomy
Create body floss wire from apex to femoral
Establish epicardial pacing

Beware of coverage of coronary arteries

Well planning helps everything better

Thanks for your attention!