



# **70<sup>TH</sup> ESCVS CONGRESS & 7<sup>TH</sup> IMAD MEETING**

**20 | 23 JUNE 2022**

**Liège | Théâtre de Liège | Belgium**

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**70th ESCVS**  
International congress of the European Society  
for Cardiovascular and Endovascular Surgery



**7<sup>th</sup> IMAD meeting**



# Iliac bifurcation reconstruction as completion in TAAAs endovascular treatment using Endologix AFX

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## **Speaker: Sergio Zacà, MD**

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## AFX Unibody in complex aortic procedures (f/b-EVAR)

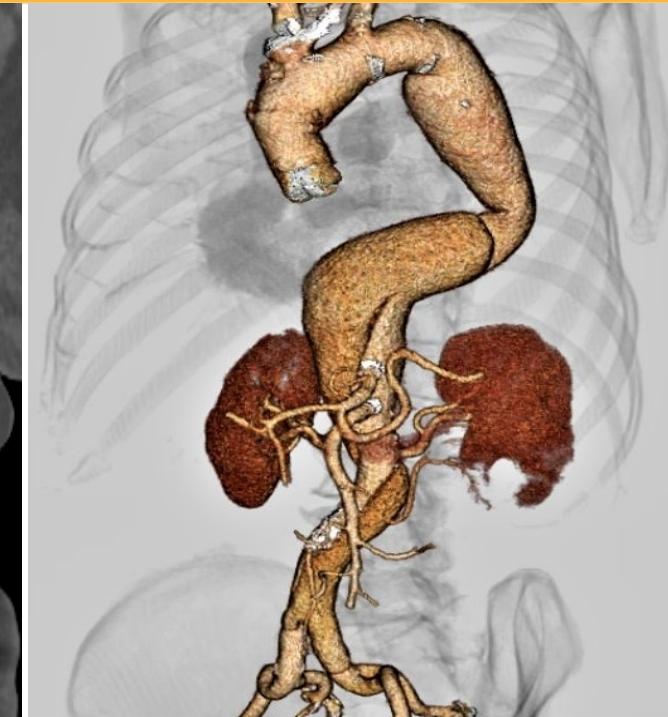
b-EVAR

Cook CMD/OTS  
Artivion CMD/OTS



f-EVAR

Cook/Artivion/Terumo Aortic  
CMD



## Endologix AFX Unibody

± Flared Iliac Limb  
Bell-bottom connection



Distal Ø 27 mm

## AFX Unibody advantages

- Anatomical reconstruction aortic bifurcation
- Preserving pelvic circulation & preventing SCI (iliac bifurcation double-barrell reconstruction)
- Allowing *up-and-over* techniques (AIOD & infrainguinal PAD)
- EV management access-related complications

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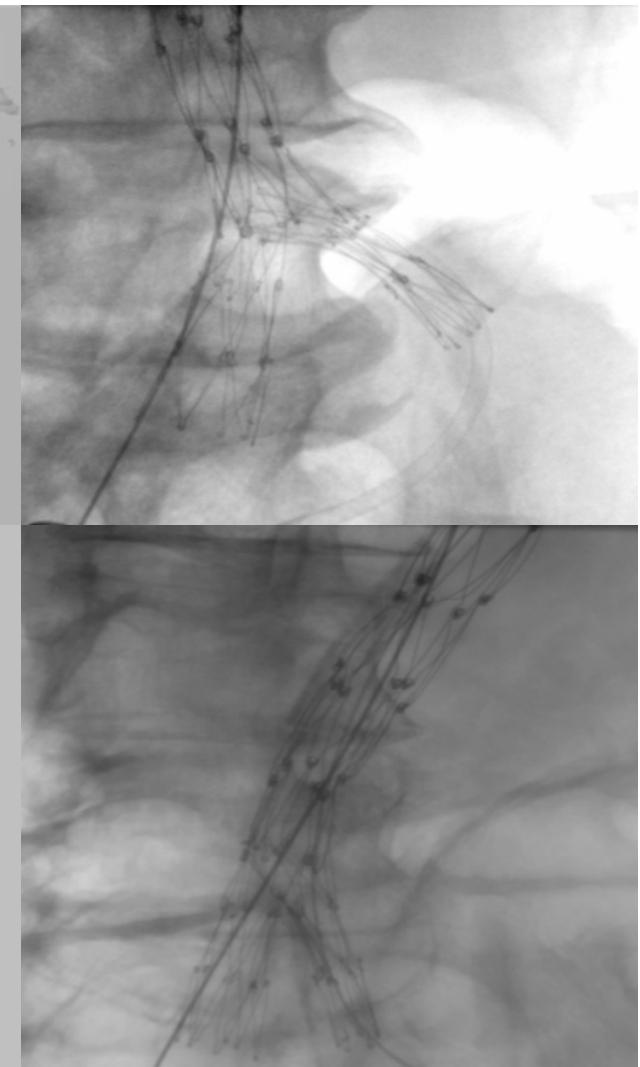
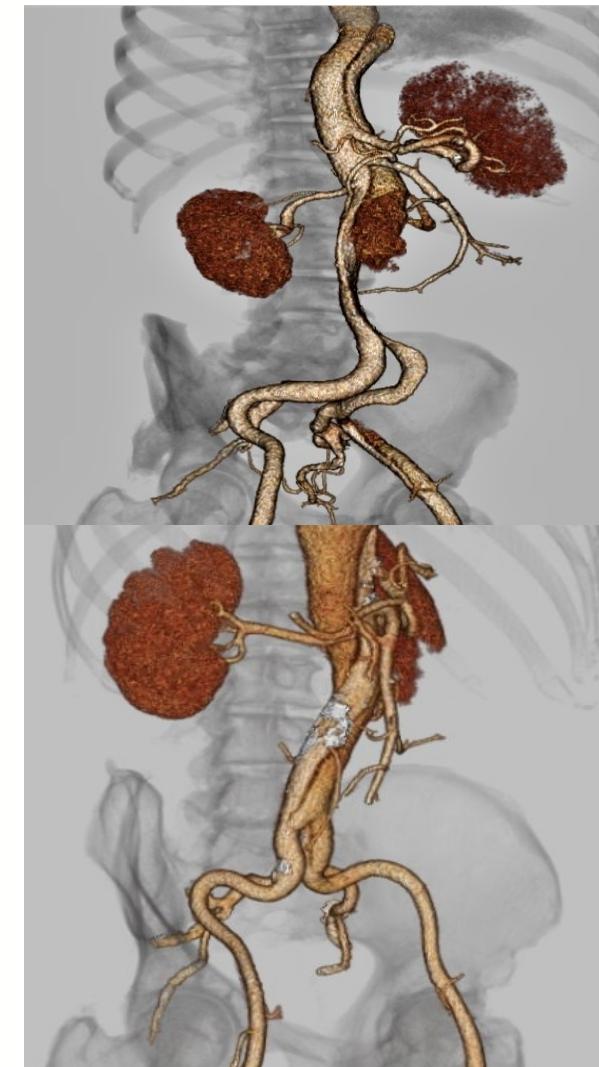
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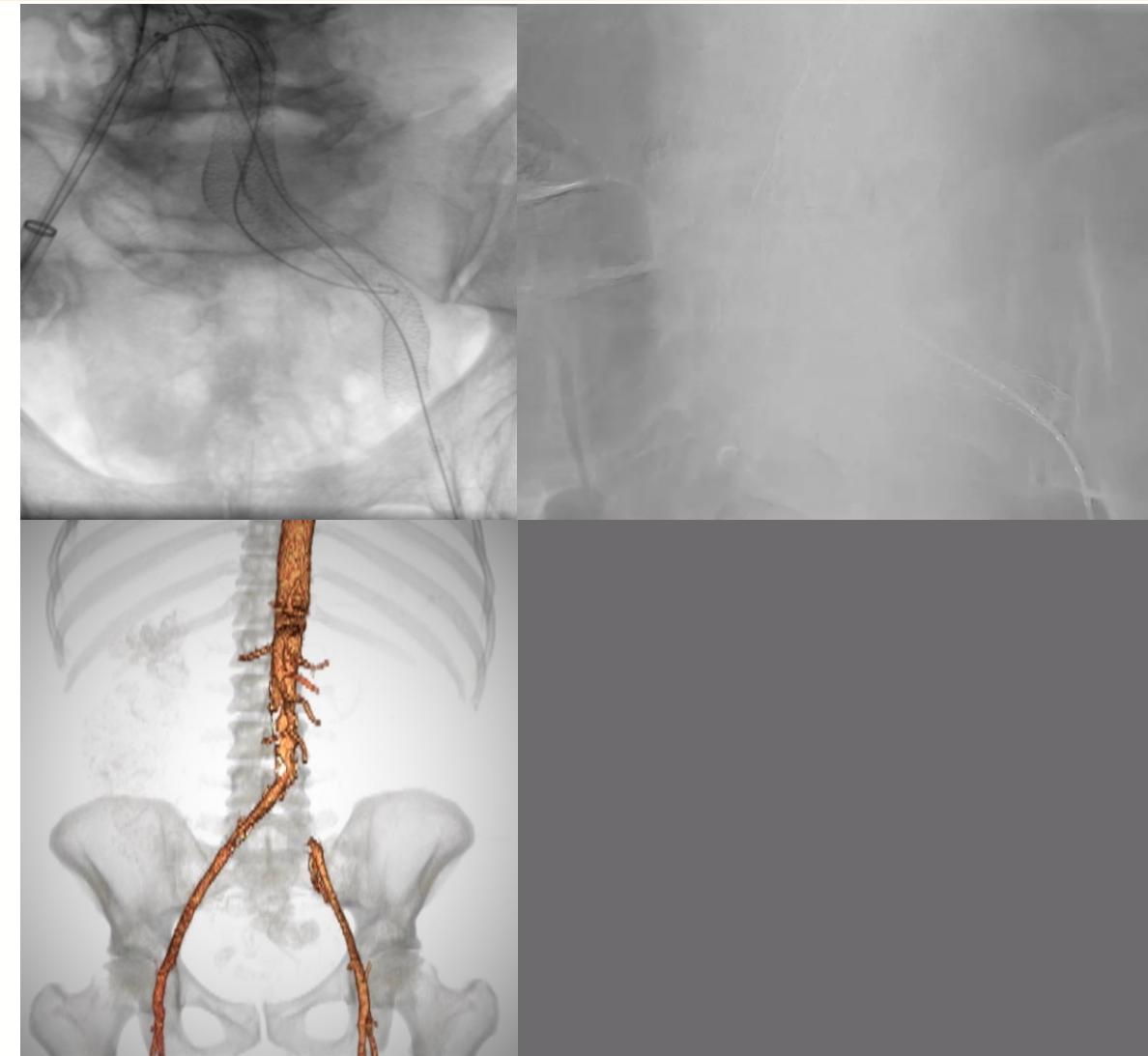
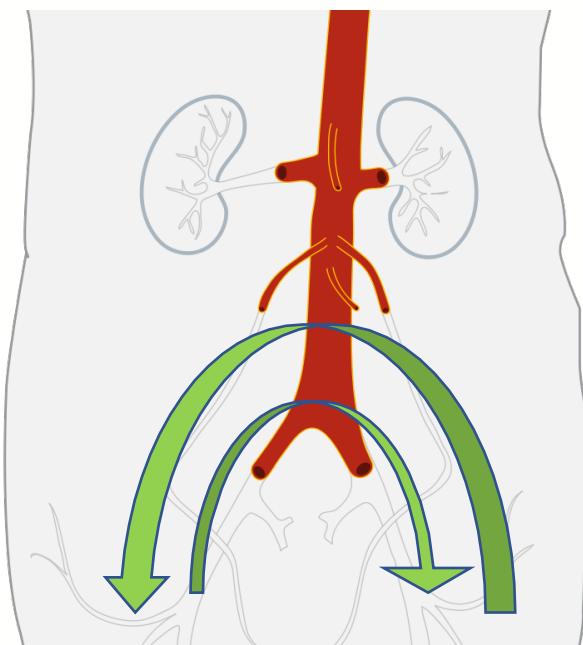
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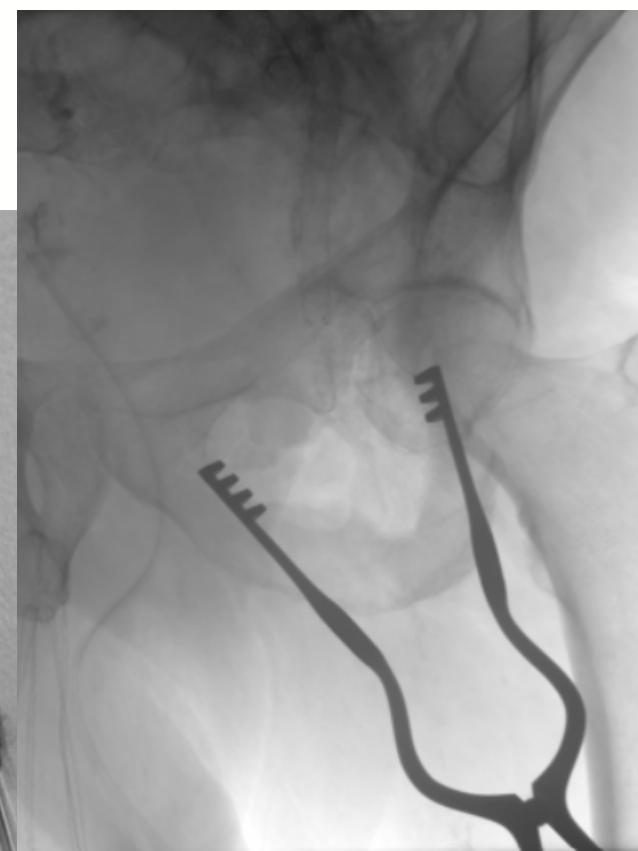
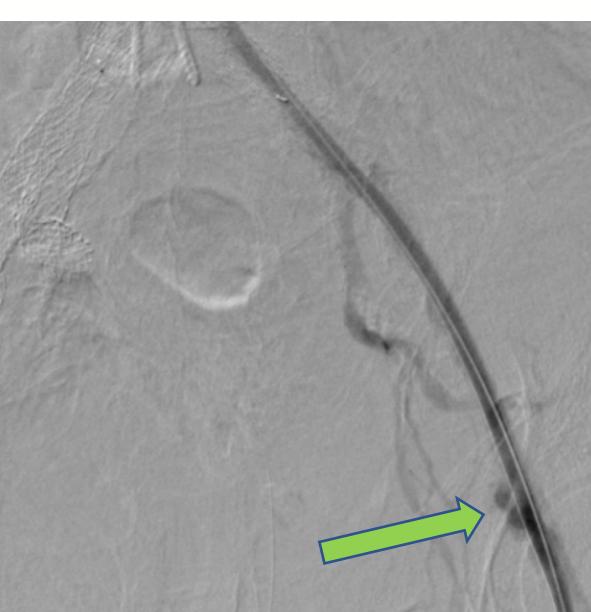
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University of Bari experience in AFX Unibody as completion in TAAAs 2018 - 2021

# case	Sex	Age	Ao disease	ASA stage	Risk factors	D max (mm)	Ao SG	Prev Ao surg	Adjunctive procedure	Proc setting	In-hospital Complications
# 1	M	82	pAAA	4	HT, CAD, COPD, CKD, PAD	78	OTS bEVAR Cook t-Branch + AFX Un	EVAR	No	1-stage	SCI-late Paraplegia
# 2	M	72	jAAA	3	HT, CKD	65	CMD fEVAR Cook ZFEN + AFX Un	No	LIIA recanal L Iliac bif r	1-stage	No
# 3	M	67	PD-TAAA	4	HT, CAD, COPD	65	TEVAR+CMD iBEVAR Jotec COLT + AFX Un	Hemiarach replacement	L iliac bif reconstruction	1-stage	No
# 4	M	62	PD-TAAA	4	HT, CAD, COPD, DM	72	TEVAR+CMD iBEVAR Jotec COLT + AFX Un	Hemiarach replacement	L iliac bif reconstruction	1-stage	No
# 5	F	78	Type 2 TAAA	4	HT, COPD	80	TEVAR+OTS bEVAR Cook t-Branch + AFX Un	No	Iliac conduit	2-stage	SCI-Transient paraplegia - HF
# 6	F	75	Type 2 TAAA	4	HT, COPD	78	TEVAR+OTS bEVAR Cook t-Branch + AFX Un	No	Iliac conduit	2-stage	Renal Hemor - Nephrectomy
# 7	M	64	Type 3 TAAA	4	HT, COPD, CAD	73	OTS bEVAR Cook t-Branch + AFX Un	No	R CIAA R Iliac Rec	2-stage	No
# 8	M	85	Type 3 TAAA	4	HT, COPD	60	TEVAR + OTS bEVAR Cook t-Branch + AFX Un	No	No	2-stage	No
# 9	M	69	Type 3 TAAA	4	HT, COPD, CAD, CKD	84	OTS bEVAR Jotec COLT + AFX Un	No	R CIAA R Iliac Rec	1-stage	No
# 10	M	70	Type 4 TAAA	4	HT, CAD, CKD, DM	83	CMD iBEVAR Jotec COLT + AFX Un	No	No	2-stage	No

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University of Bari experience in AFX Unibody as completion in TAAAs 2018 - 2021

## Technical success

(Aneurysm exclusion & infrarenal Ao reconstruction)

10/10 – 100%

## In-hospital intervention-related mortality

3/10 – 30%

#1 – Heart Failure

#5 – Septic Shock (E. Coli)

#6 – Renal Hemorrhage & Heart Failure

## Spinal Cord Ischemia

1/10 – 10%

#1 – Permanent Paraplegia

## TVVs revascularization

37/39 – 94.9%

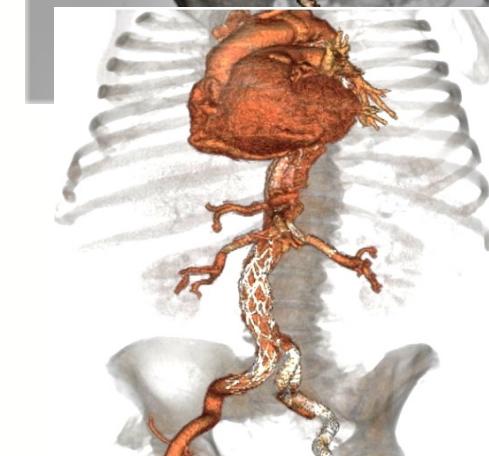
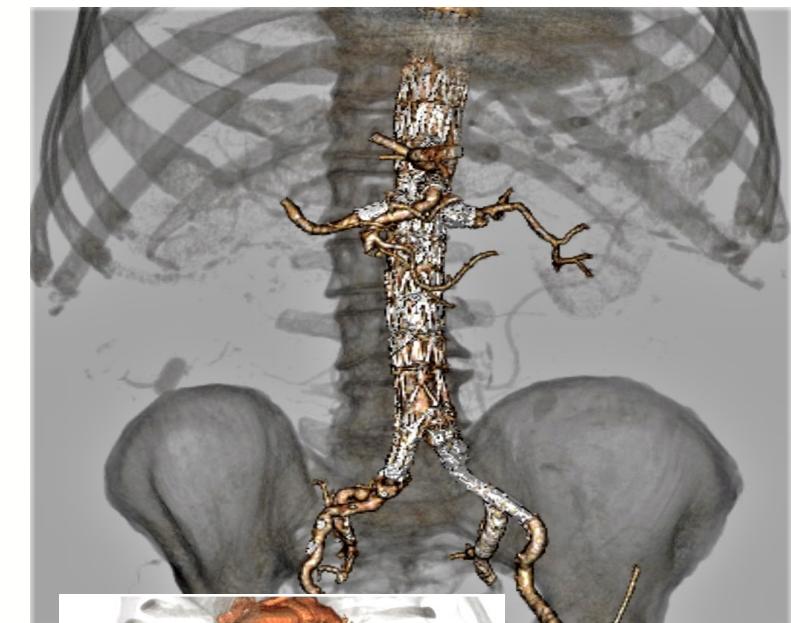
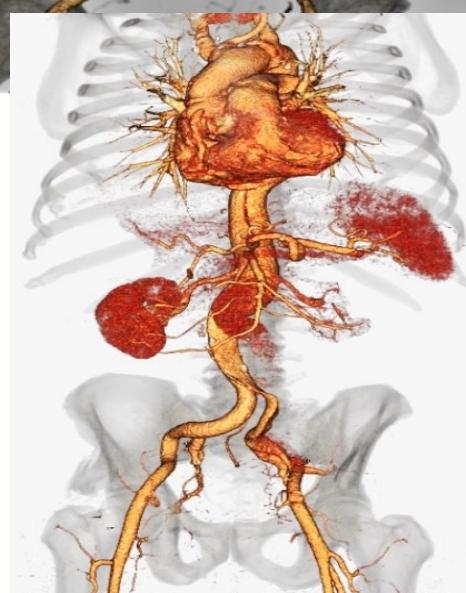
1 CT aborted

1 RRA aborted (rRenal Hemorrhage)

## Double-Barrell Reconstruction Iliac Bif

5/10 – 50%

All IIAs patent



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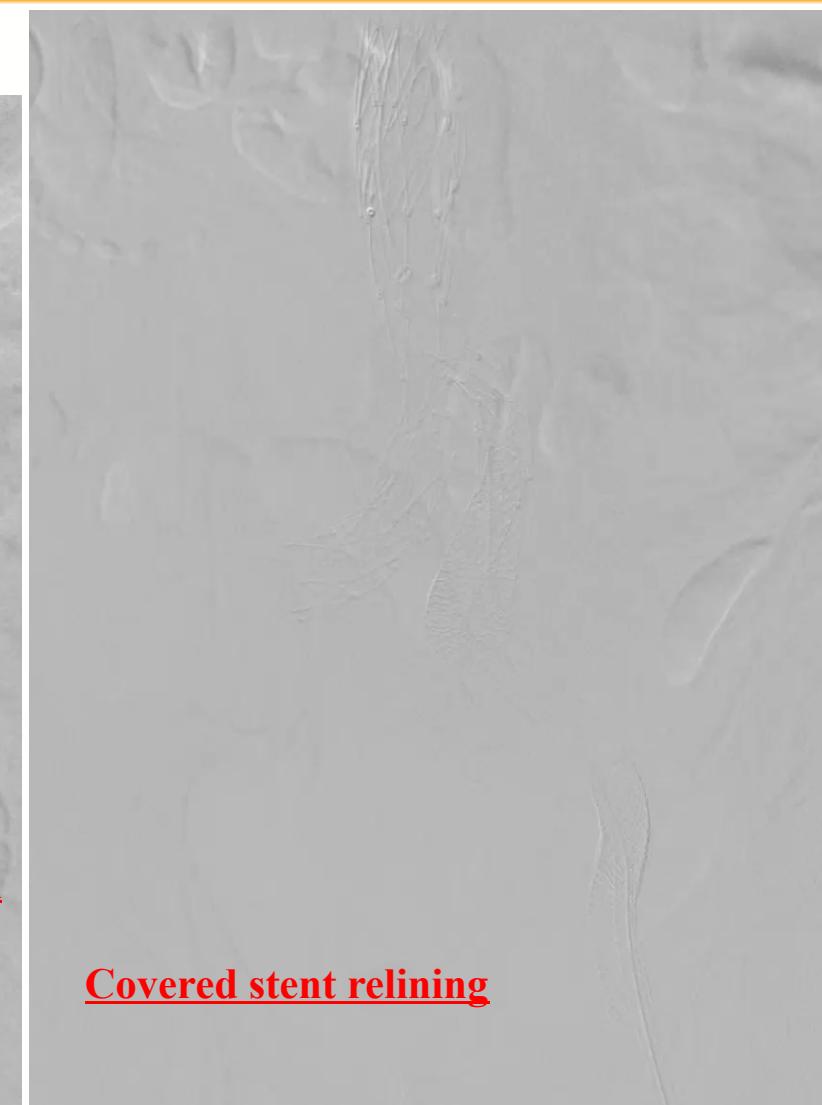
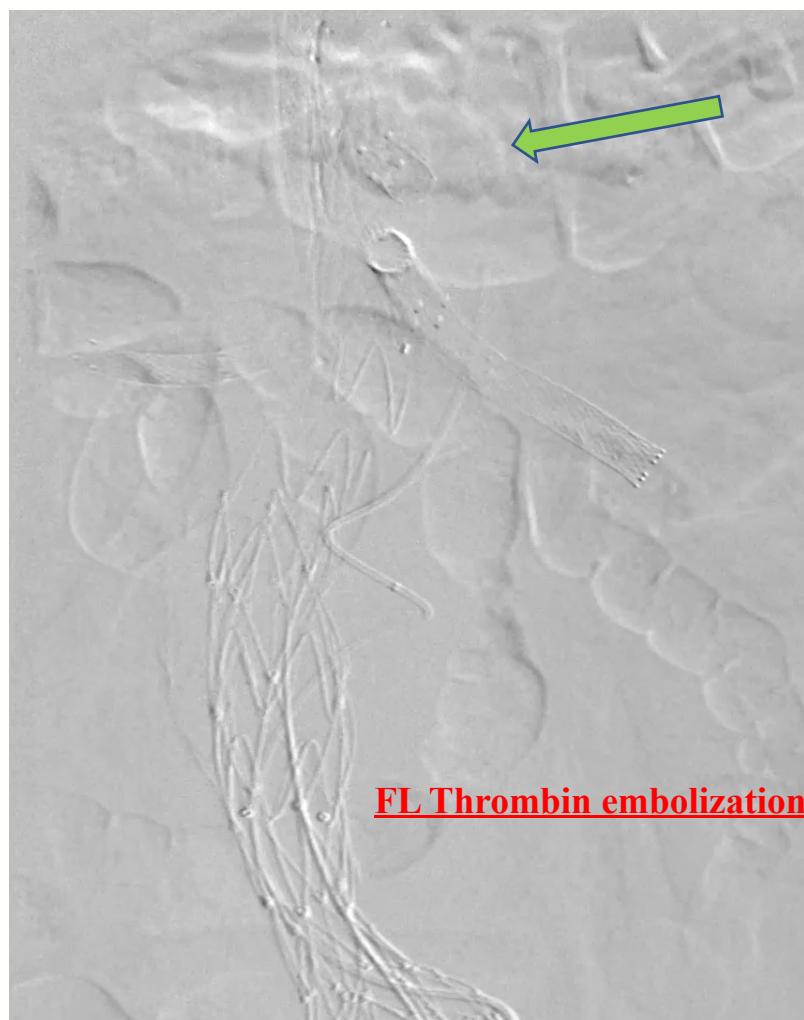
## Survival 12-months

100%

## Freedom from Reintervention

1/7 – 14,3%

#3 – Type 2 & 3 endoleak (EIA stent disconnection)



## False lumen reperfusion

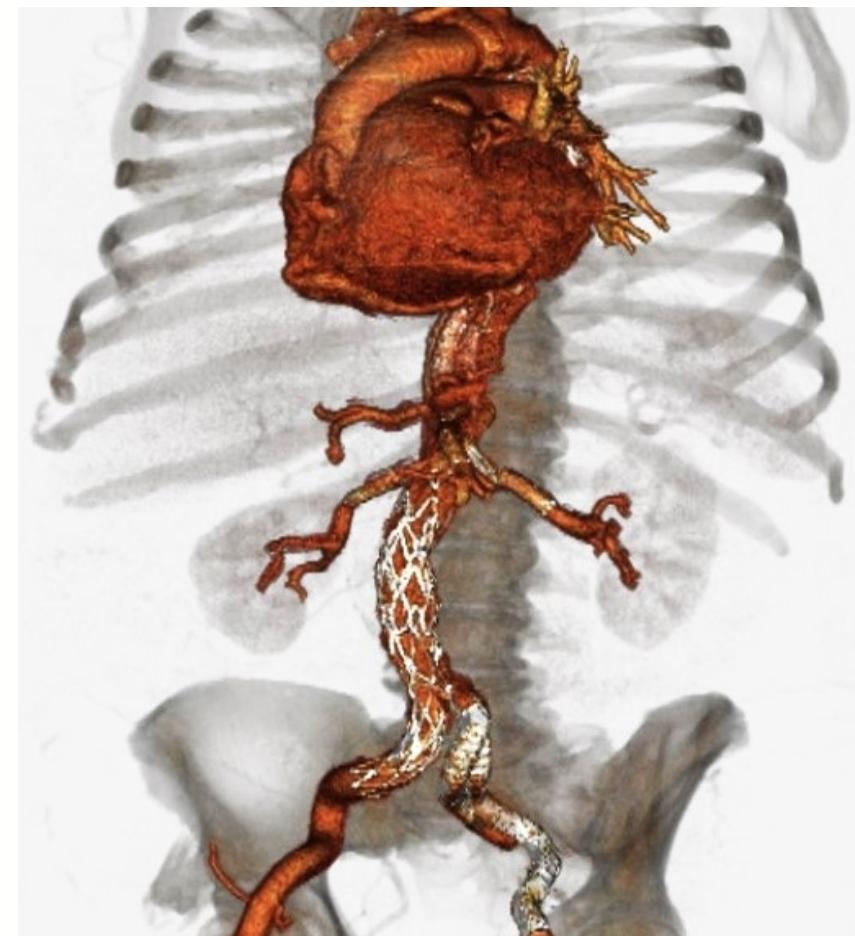
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*AFX Unibody stent-graft as distal completion in the treatment of TAAAs and patients with steno-obstructive disease of iliac axis, seems to be a valid strategy to preserve IIAs and prevent the risk of spinal cord and limb ischemia. Our data are limited, and further studies are required to perform a large-scale analysis.*



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