Modified upside-down technique with Gore tapered iliac limbs for isolated iliac artery aneurysms.

Roberto Chiappa
Statement of financial interest

- No any affiliation or financial interests
- No any compensation, fees or research grants with a commercial company
The upside down Gore Excluder contralateral leg without extracorporeal predeployment for aortic or iliac aneurysm exclusion

Tim J. van der Steenhoven, MD, a Jan M. M. Heyligers, MD, PhD, a Ignace F. J. Tielliu, MD, PhD, b and
Clark J. Zeebregts, MD, PhD, b Tilburg and Groningen, The Netherlands

(J Vasc Surg 2011;53:1738-41.)
TECHNIQUE

Graft extracorporeal inversion

1
18Fr Gore Dryseal introducer sheath 2 cm cut with mayo scissors

2
15Fr Gore Dryseal introducer dilator 1 cm cut with Mayo scissors
**TECHNIQUE**

*Graft extracorporeal inversion*

3. Bending and cutting of the olive at the tip of the graft

4. Insertion of the graft in a tip-to-tip fashion in the 15 Fr introducer
TECHNIQUE

Graft extracorporeal inversion

Insertion of guidewire and 4 Fr Bern catheter
PLANNING

- 23 mm proximal landing zone
- 15 mm distal landing zone
- 40 mm aneurysm sac diameter
- No available standard endografts
- 27-16 x 140 Gore excluder contralateral iliac limb
TECHNIQUE

Graft introduction

CO-AXIAL SYSTEM ADVANCEMENT
**TECHNIQUE**

*Graft deployment*

Pull-back maneuver of the co-axial system over the 15 Fr dilator
FINAL ANGIOGRAM
LATE RESULT (6 months)
CONCLUSIONS

- Modified upside-down technique offers a feasible option in case of endovascular exclusion of isolated iliac artery aneurysms in presence of a severe mismatch between proximal and distal landing zones.

- It could be useful also in the treatment of infrarenal aortic saccular aneurysms.

- Extracorporeal deployment inside the introducer sheath could be time-saving and safer in terms of graft damage and infection.

- Caution must be applied considering the use of this technique out of the IFUs.
Thanks for your attention