

Case Presentation – In situ Laser fenestrated EVAR



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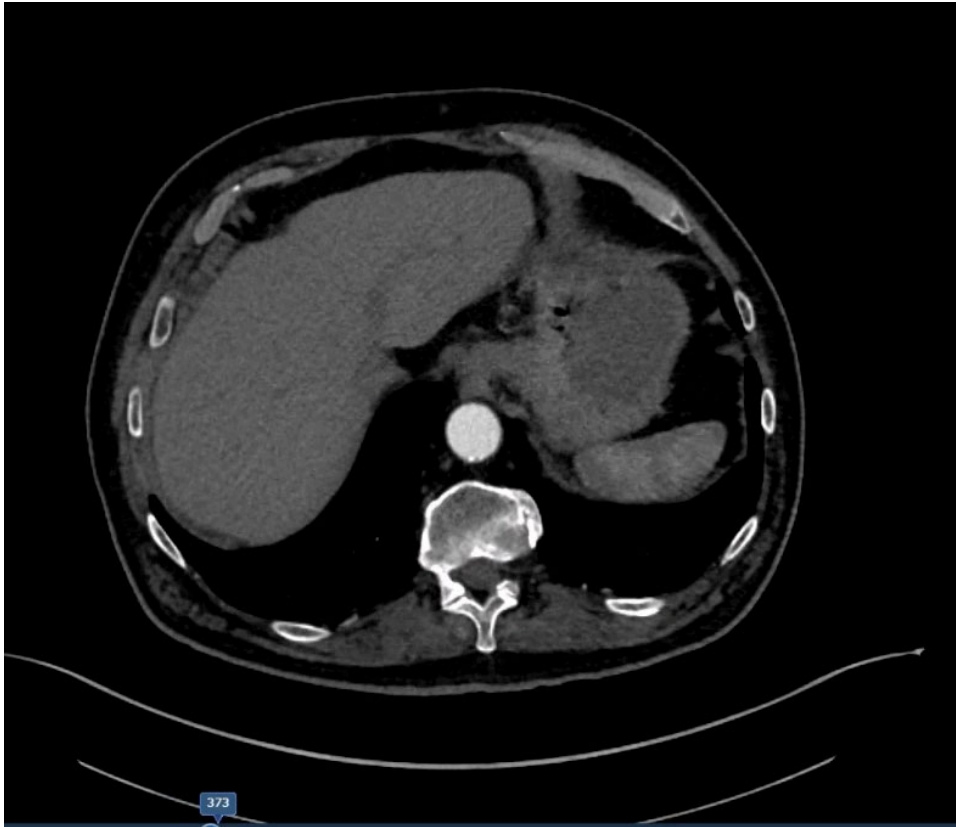
Disclosures

I have no disclosures.



History

- 66 Y/o
- Asymptomatic AAA
- Jul 2025: 5.4cm juxta-renal AAA
- Feb 2026: 7.5cm juxtarenal AAA
- Pmed: Obese, CAD (s/p CABG, EF 40-45%), active smoker, ESRD (GFR 8, dialysis, urinates), DM, restless leg, hernia repair.
- Jehovah's witness





Therapeutics considered

- Expectant/medical management
- Open repair
- Custom FEVAR
- Standard EVAR with renal coverage
- PMEG/In situ laser fenestration



The setting

- Quaternary care hospital
- 8 vascular surgeons
- Case volume:
 - 40-50 open AAA annually
 - 80-100 EVARs annually
 - 20-30 FEVARs annually
 - 15 ruptures annually
 - 0 PMEGs
 - 2 prior in situ laser fenestrations



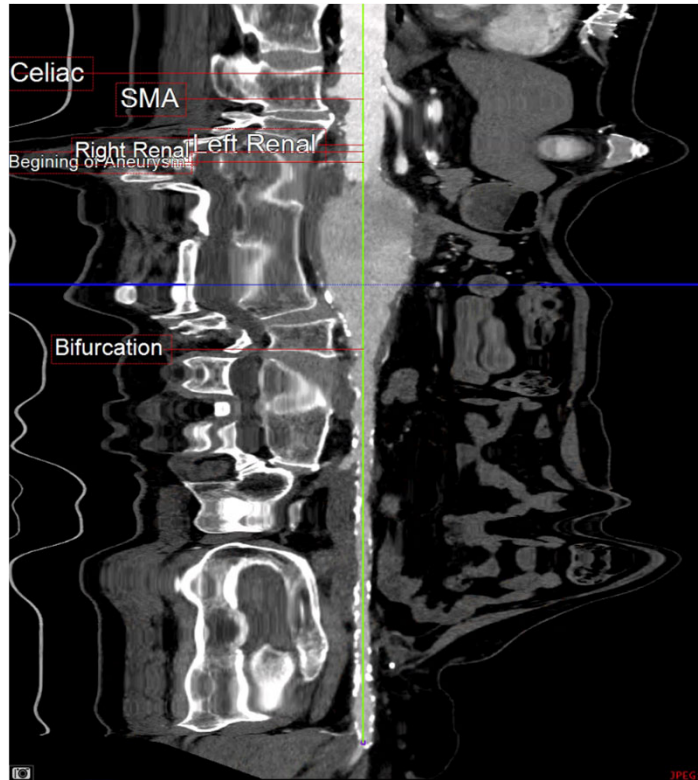


Considerations

- Length of coverage
- Right renal
- Celiac
- Pre-stenting



Case plan



Single @ Reval
 Thorax Calcified
 IMA patent (3.7mm)
 Celiac: 3cm below lumbar
 11:30, 8mm, 35mm 1st branch

SMA: 11:40
 48mm below lumbar
 7mm, 36mm to 1st branch

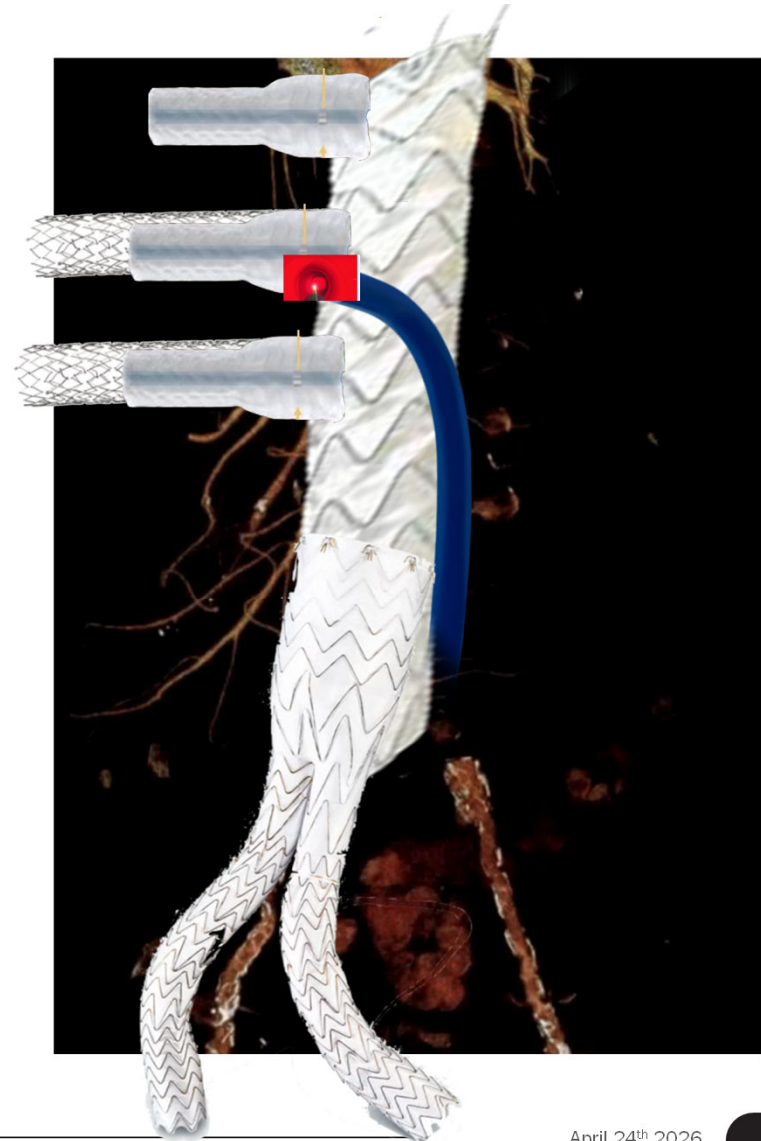
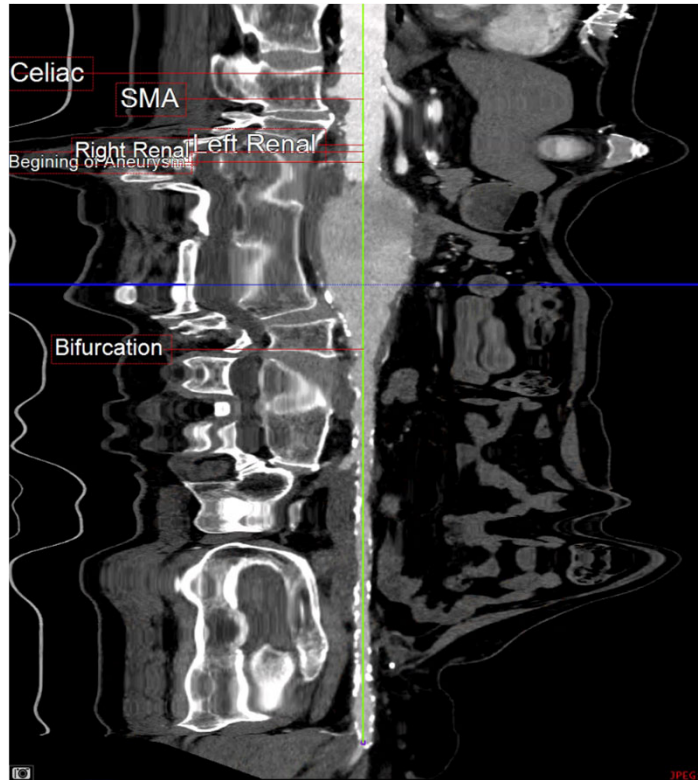
AAA: 81mm from lumbar
 6mm, 26mm to 1st branch.
 3:00 (static).

Plan: GA
 Bilet groin cut down. 1 1/2 Fr Gore on @
 20Fr Gore on @
 Preheat RAA (6mm Prolife).
 Preheat SMA (7mm Prolife)
 Deploy 28x103 Cook TEVAR 3cm above celiac
 Cannulate Cook graft.
 Laser Fem STA -> 12Fr apha / over / O.M 6/4 Adv
 2mm cutting balloon, 4mm cutting balloon, Rosen.
 8mm TBA, 7x27m Be graft, 11mm flare
 Laser Fem celiac: 6x22 Be graft, 18mm flare.
 Laser Fem RAA:
 2mm cutting, 4mm cutting, Rosen
 6mm TBA. 6x22 Be graft, 8mm flare

Gore 16.5x14.5x14 w/ 3cm overlap.
 Right ipsi:
 Right limb = 16x12x12
 Left limb = 16x14.5x10

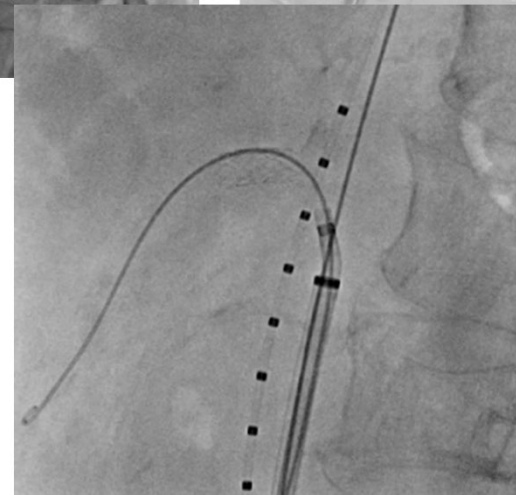
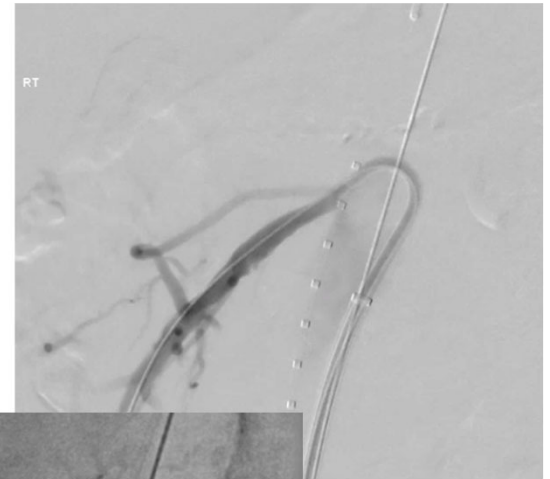
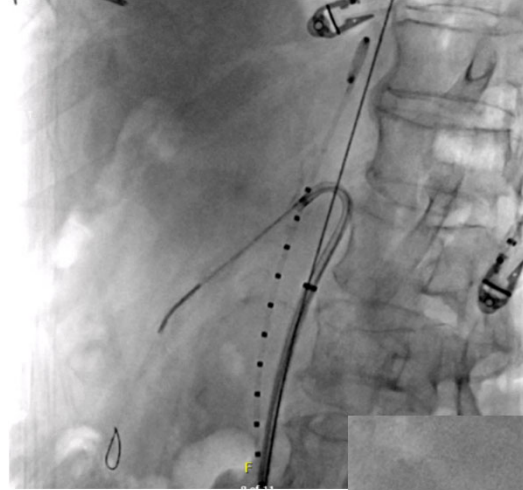


Case plan



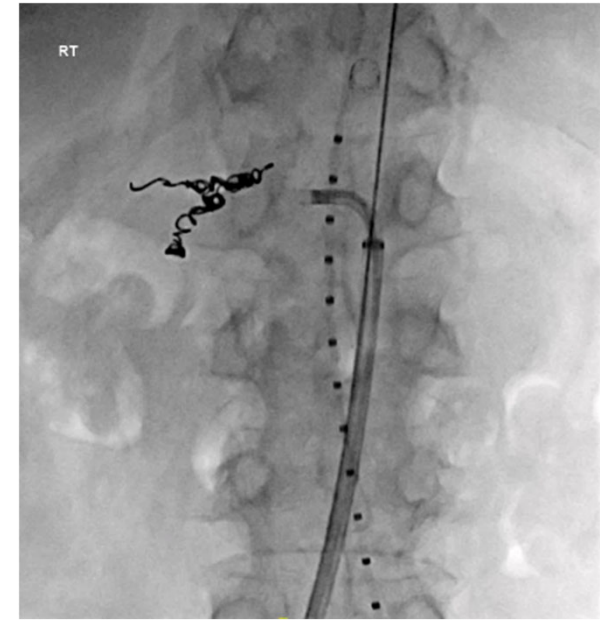
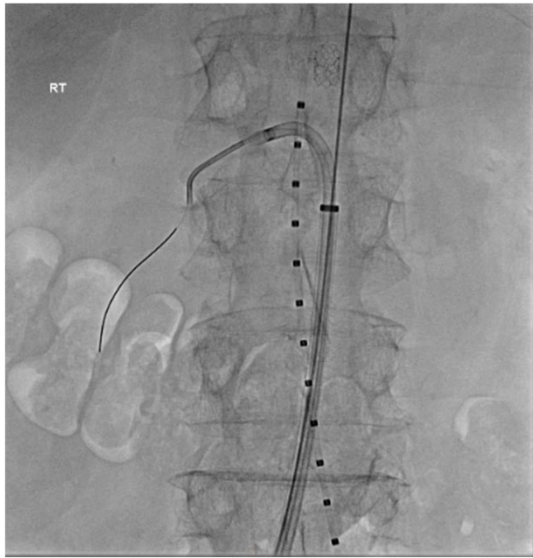


SMA



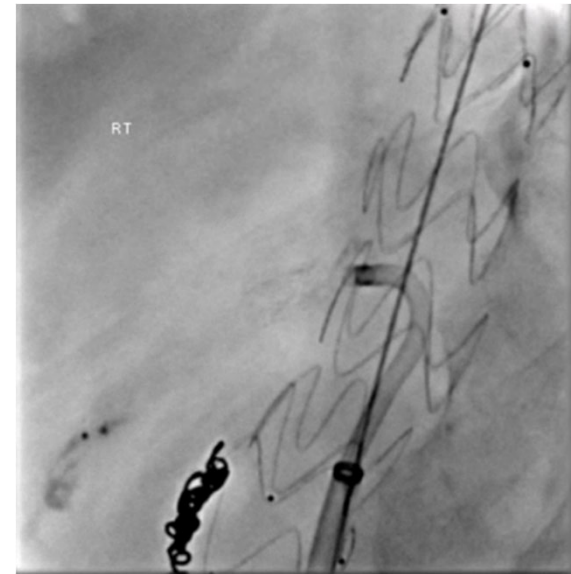
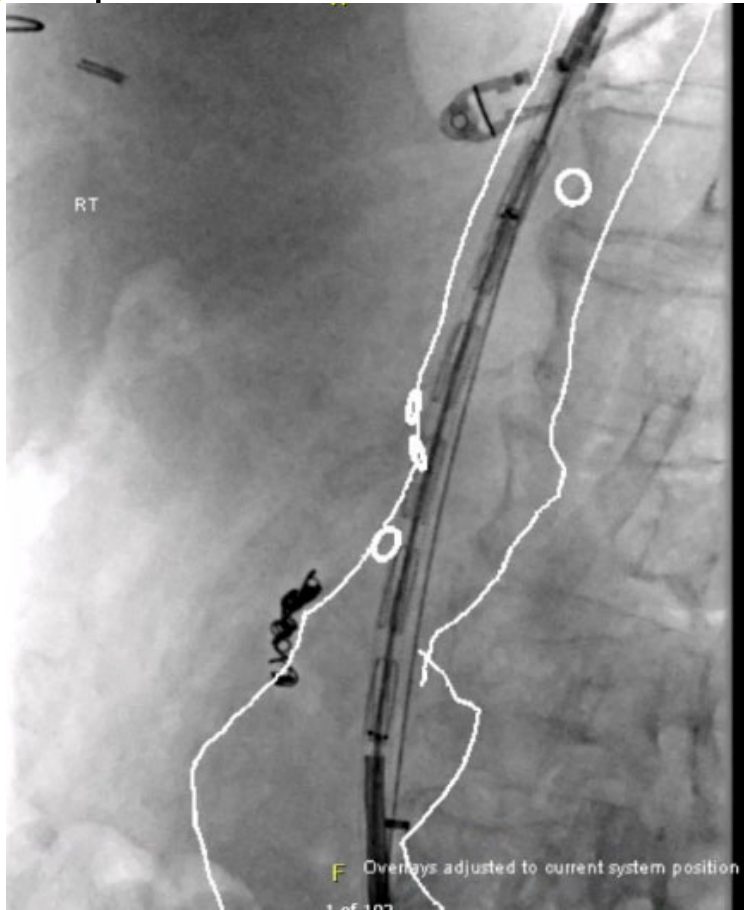


Right renal



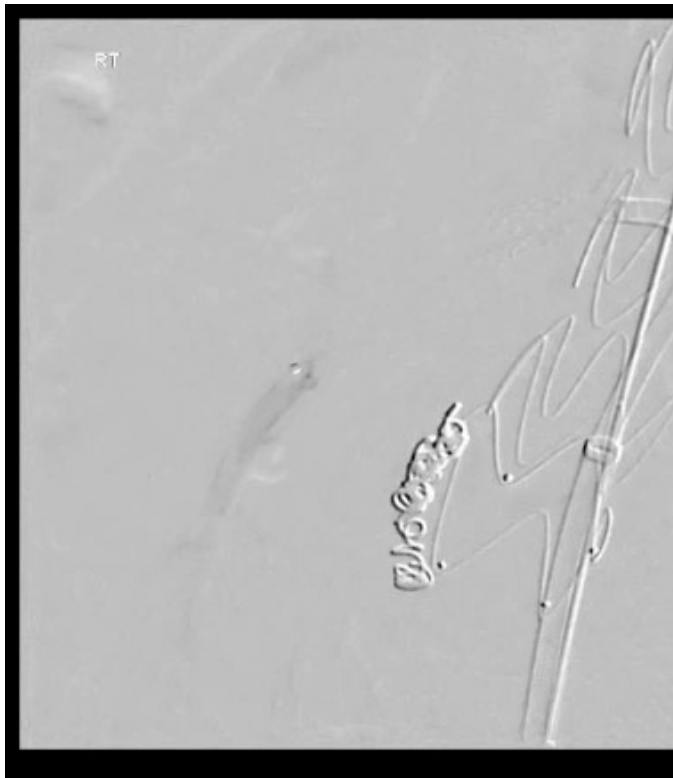


TEVAR



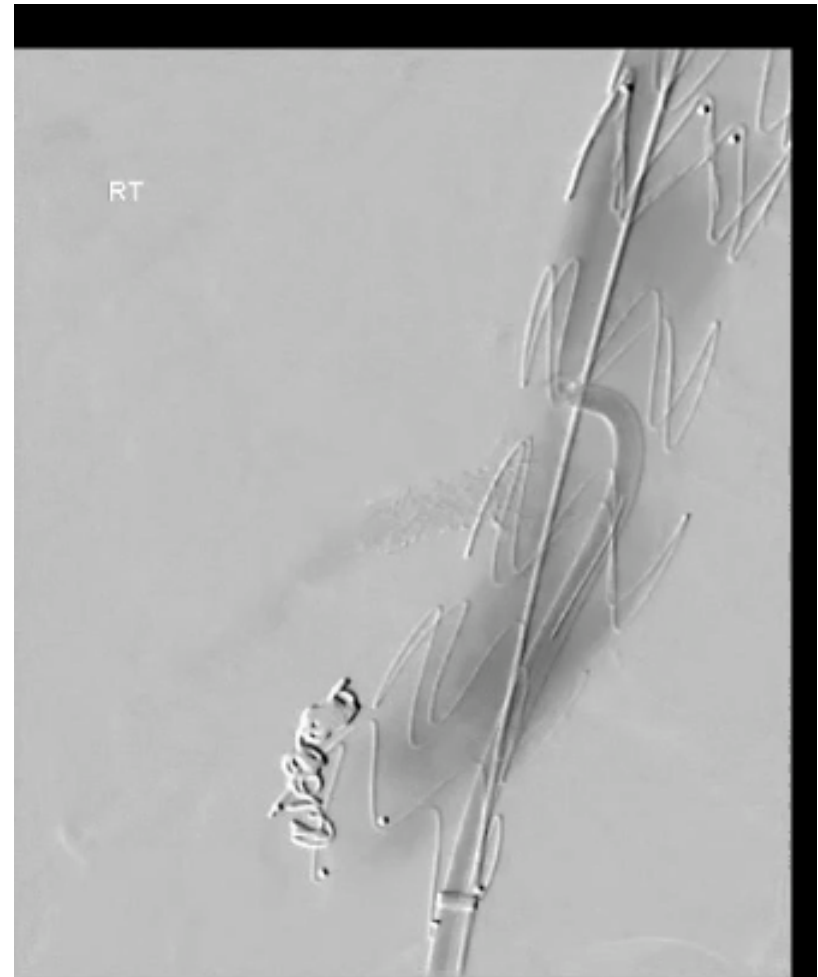
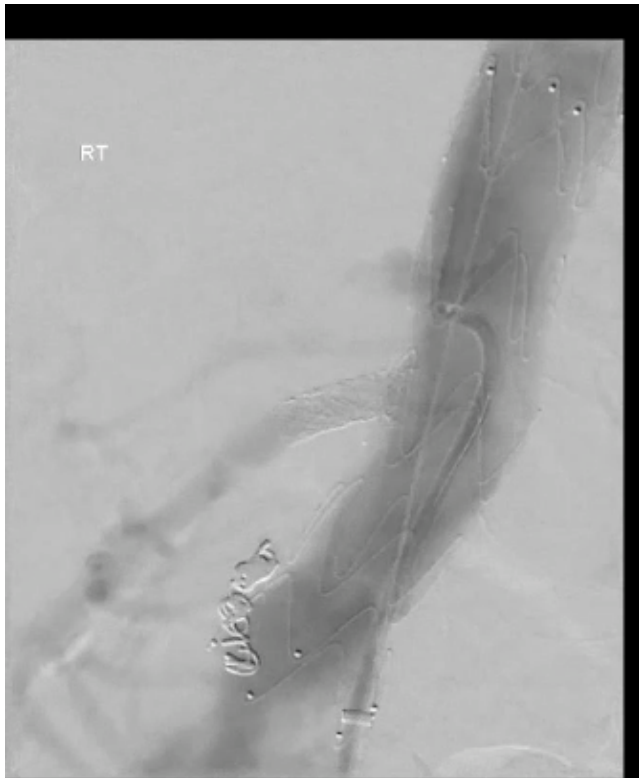


SMA laser fenestration





Celiac



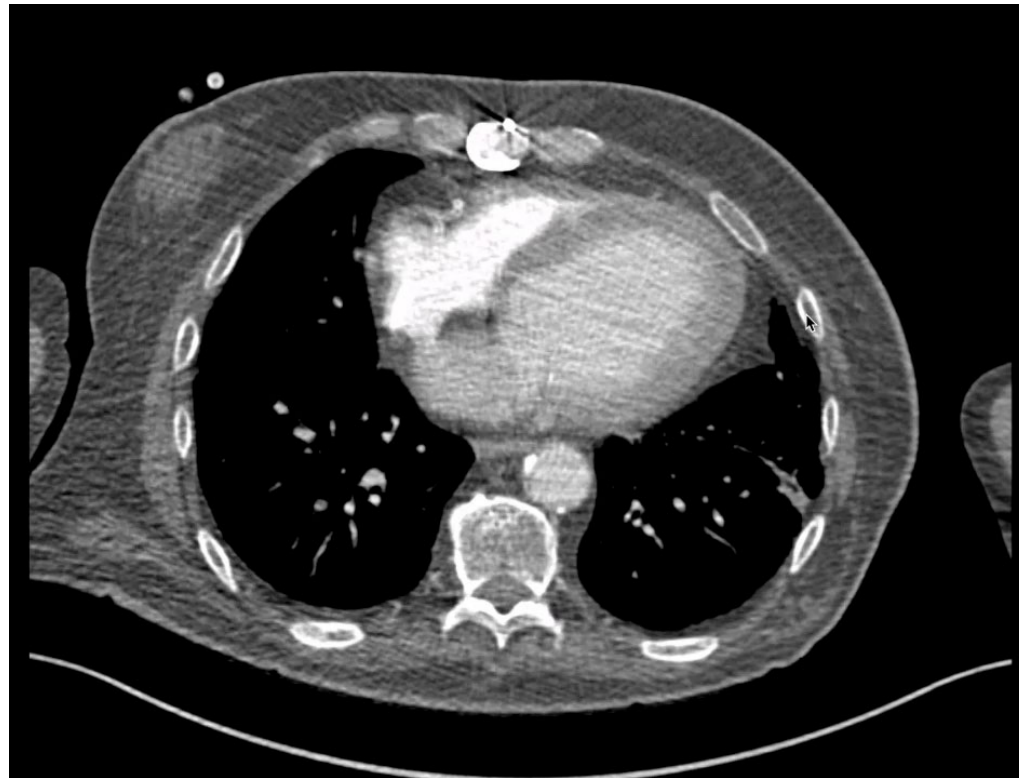


Completion angio





Follow up – 6 weeks CTA





Thank you

Questions?