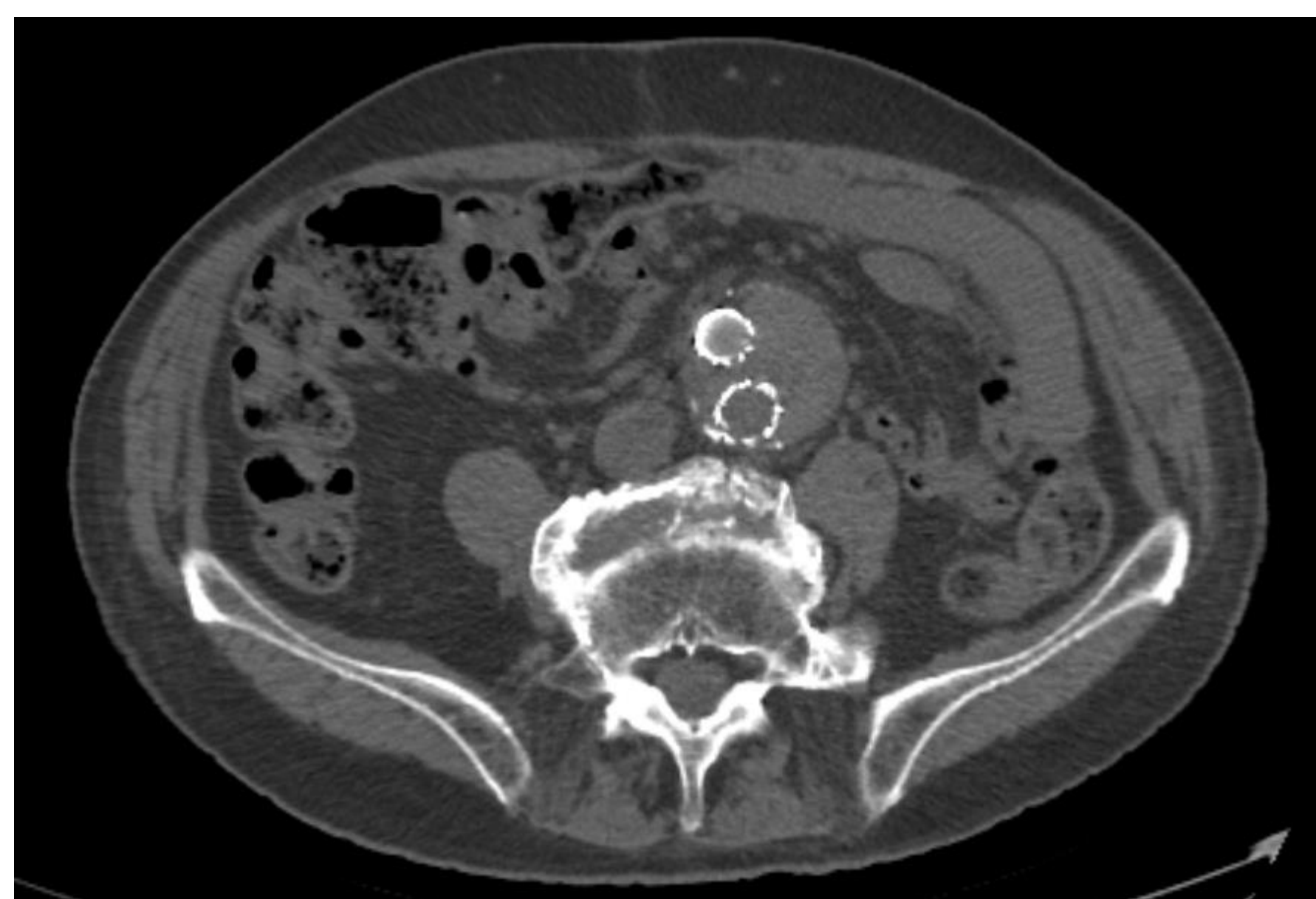


A Case of Aptus Heli-FX EndoAnchor Embolization Managed Successfully With Suction Thrombectomy

Camilo Martinez MD, Angela Kokkosis MD

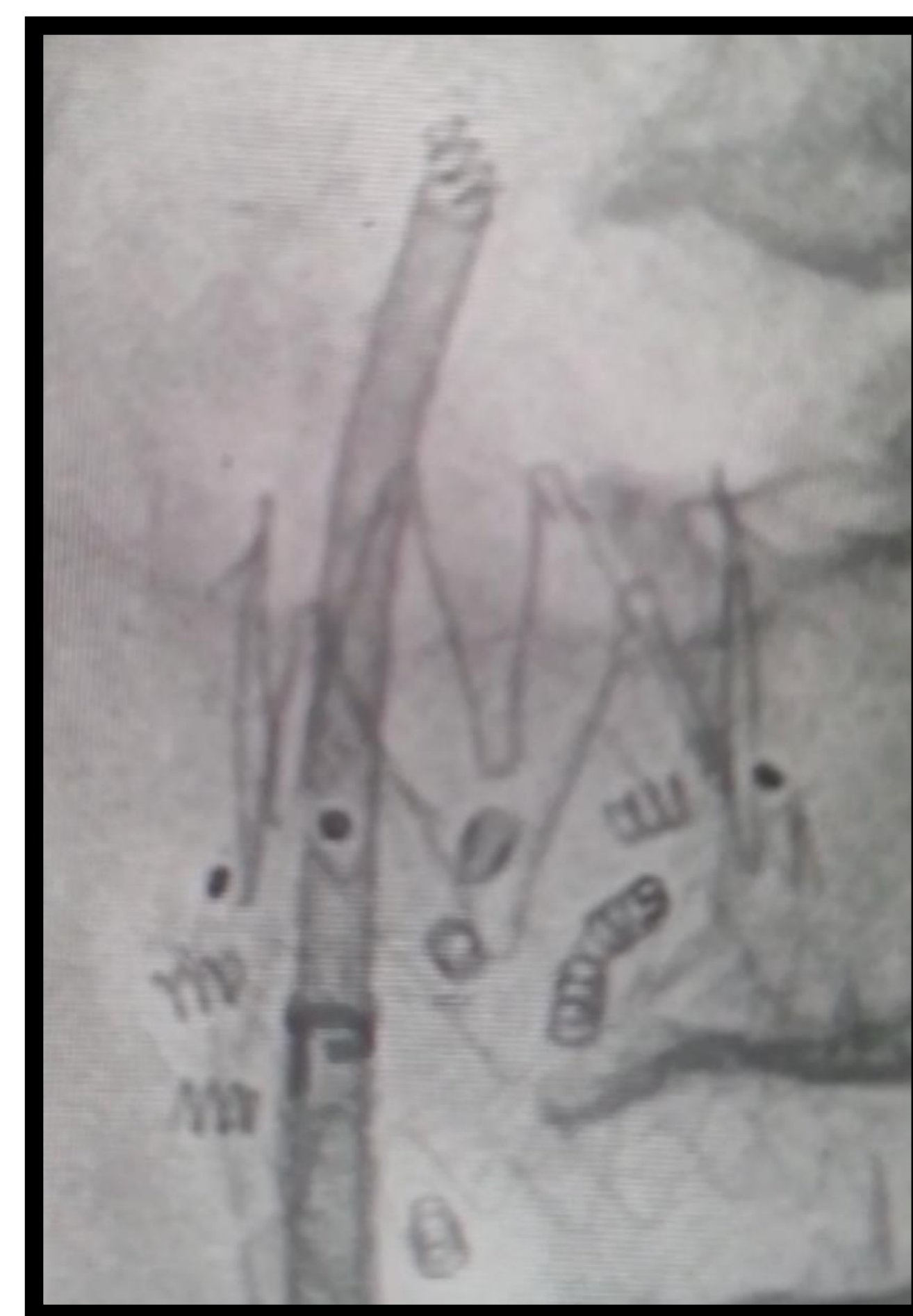
Introduction

- 81-year-old male, active smoker, with PMH of AAA s/p EVAR (2013), CAD s/p CABG, CKD, obstructive uropathy, and HLD
- He failed to follow with a vascular surgeon routinely, and during urology workup he was noted to have interval growth of his AAA sac from the year prior
- A CT was performed which demonstrated that the left iliac artery had dilated around the existing 16 mm limb, suggestive of a type 1B endoleak, and that the proximal neck had dilated to the same size as the existing endograft
- He was advised to undergo EVAR revision consisting of left iliac limb extension and stapling of the proximal seal zone to prevent further degeneration

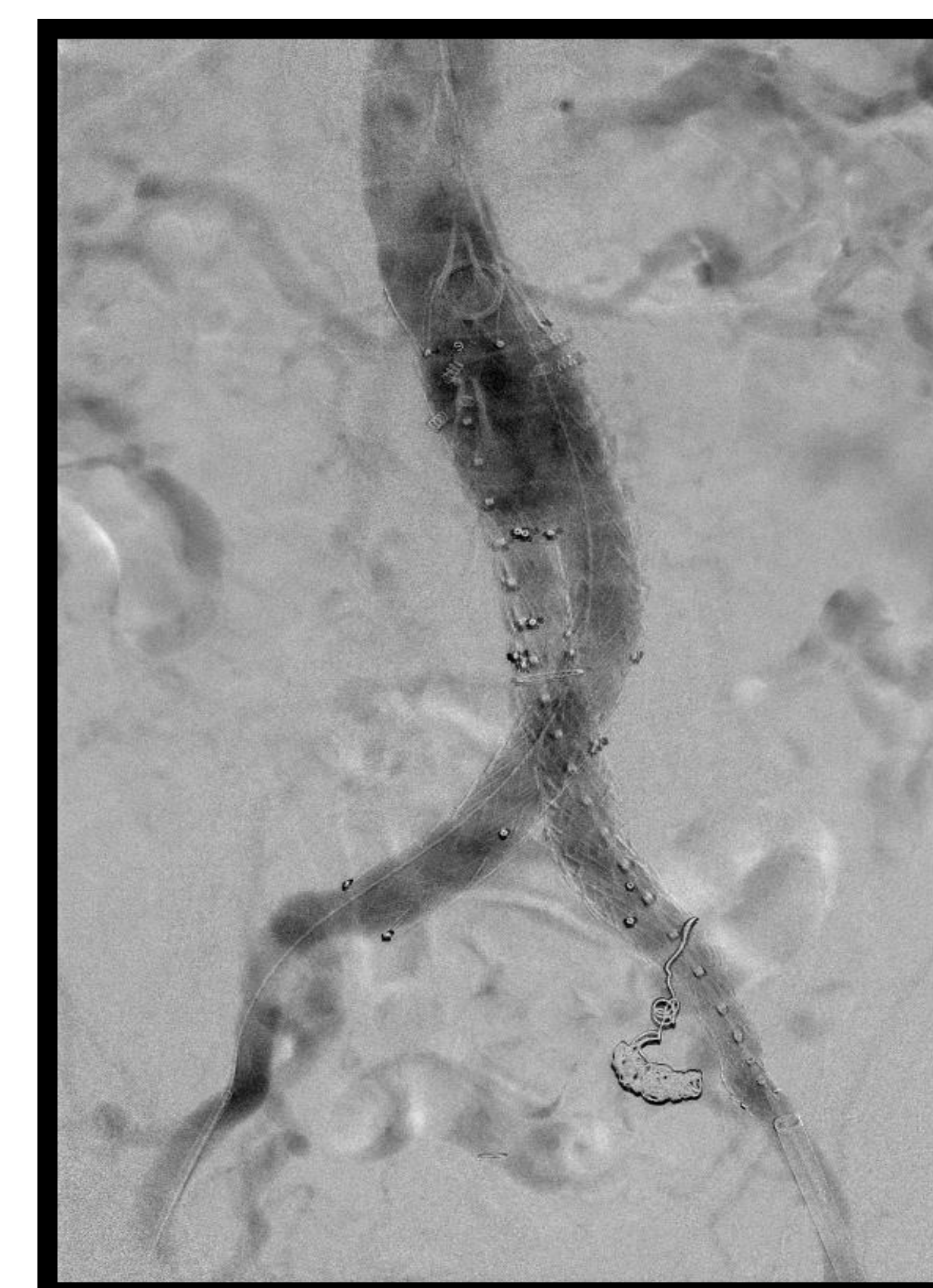


Operative Steps

- Aortoiliac angiogram
- Left internal iliac artery coil embolization using two 6 mm POD Penumbra coils
- 16 x 13 x 156 mm Medtronic Endurant limb extended to the distal external iliac artery
 - Limb post-dilated with a 10 mm balloon
- Aptus EndoAnchor sheath advanced to proximal edge of the aortic stent graft
- Eight endostaples were applied, and the **ninth endostaple became dislodged**



- Although initially slightly tethered to the graft, the endostaple became progressively more dislodged and eventually detached completely, free floating in the aorta
- A CAT 12 Penumbra suction catheter was advanced and the endostaple was suctioned successfully and retrieved
- Traditional penumbra suction thrombectomy mode was utilized, rather than the “Lightning” mode, as it was able to be used without presence of thrombus
- The left limb was ballooned in its entirety with an aortic balloon
- A completion angiogram demonstrated no endoleak and brisk filling across the iliac limbs

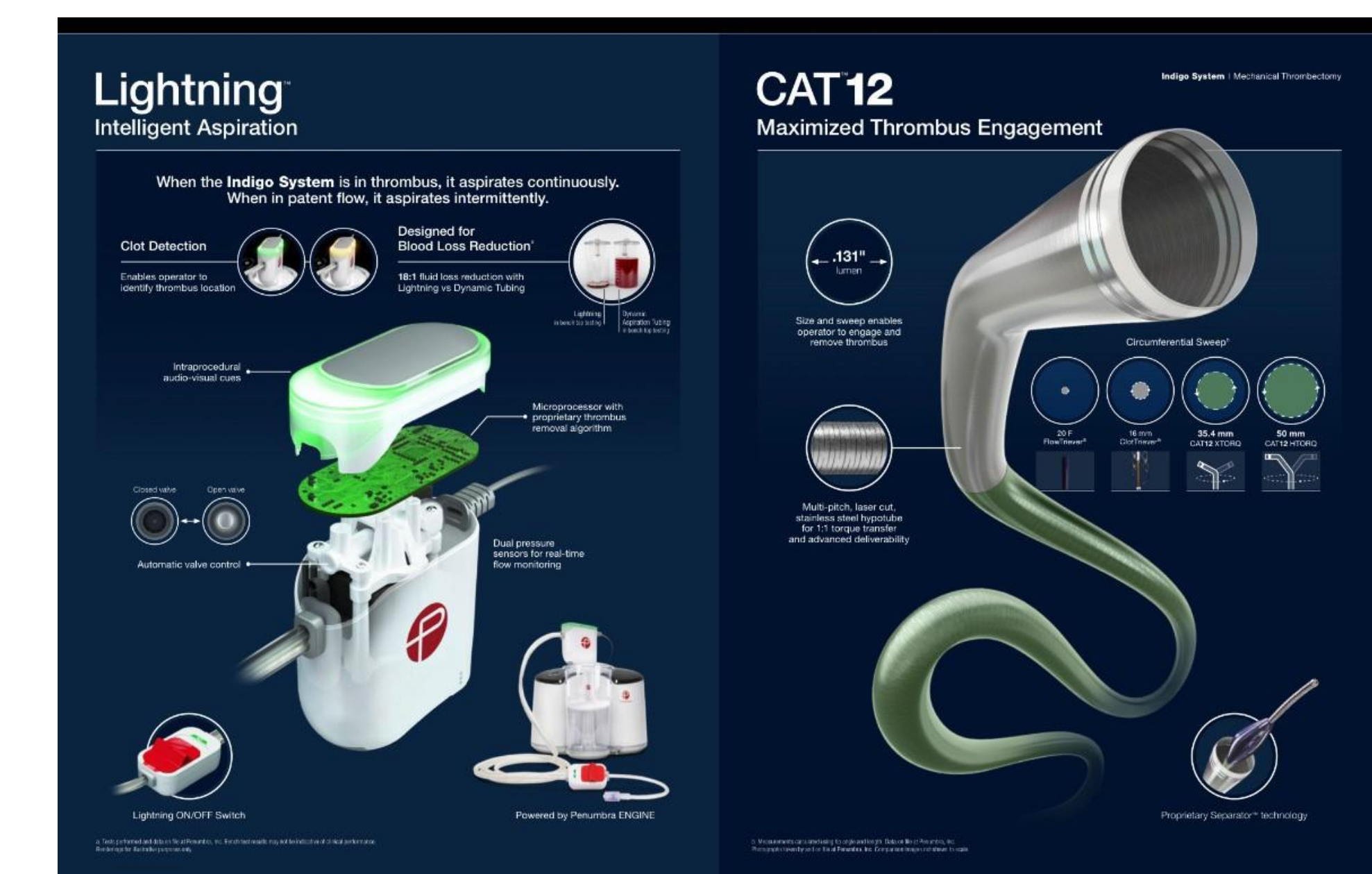
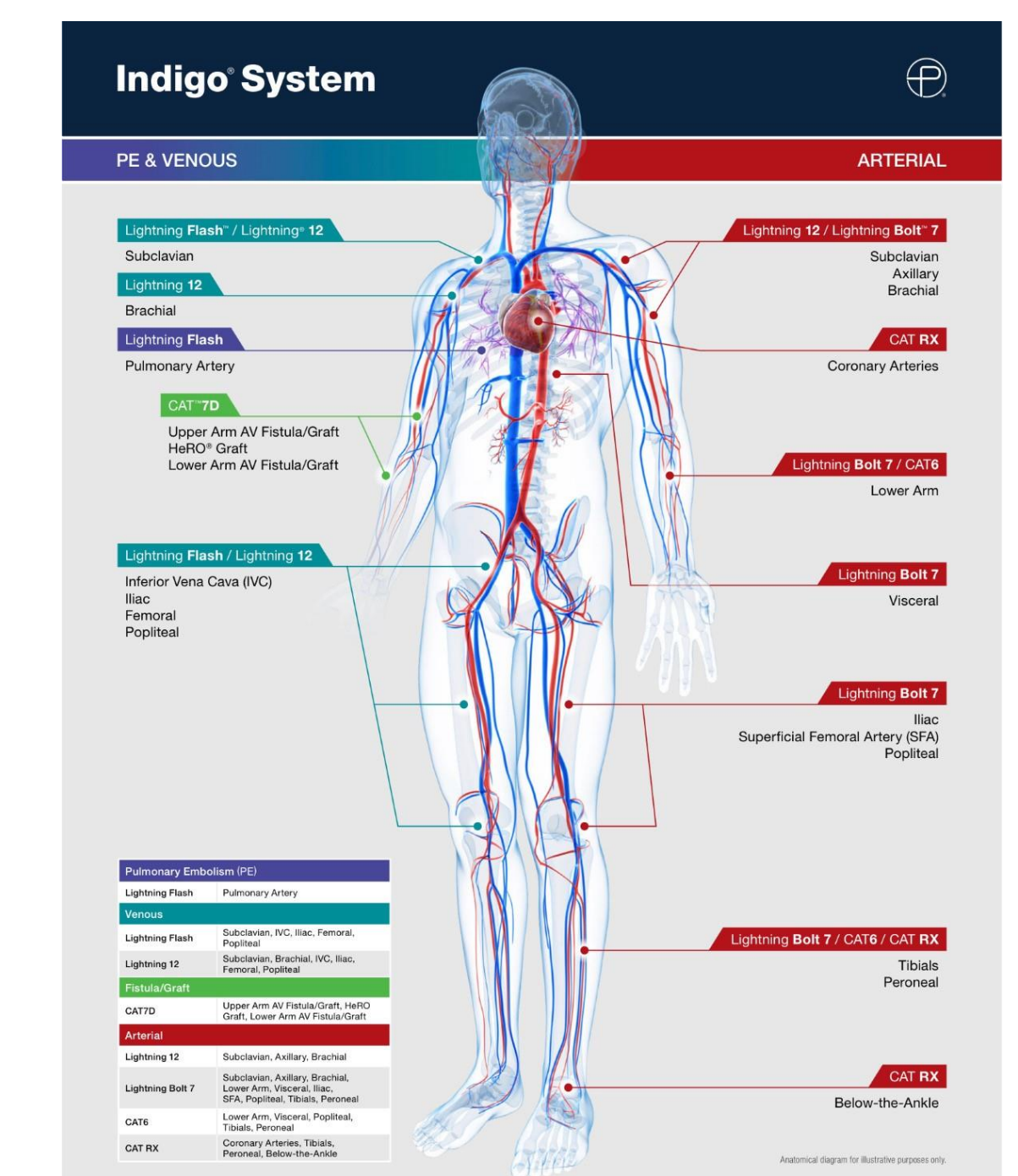


Conclusion

This case depicts successful management of incorporating suction thrombectomy after embolization of an Aptus EndoAnchor

CAT 12 device was sufficiently large in caliber to adequately suction the staple from the aorta and retrieve it before damage could occur

Penumbra Indigo System



Aptus EndoAnchors

Contraindications - Sealing zone burdened w/ extensive plaque, calcium or thrombus; neck length < 5 mm

Adverse Effects – Device dislodgement, embolization

Solutions for Embolization: Snaring, Catheter-based suction thrombectomy