### **Planning and Sizing**

View the Instructions for Use for a thorough examination of the procedural instructions, intended use, contraindications, warnings and precautions and potential adverse events.





# Imaging recommendations

#### Spiral CTA

- You must perform a CT scan to show the great vessels of the aortic arch and the neck, and to scan through the femoral heads.
- The axial CT scan allows you to assess the diameters, calcium, and thrombus of the vessels.

#### Angiography

 You may perform angiography to assess lengths, angles, and tortuosity.

#### 3D CTA reconstructions

CTA reconstructions that use 3Mensio,
TeraRecon, or 3D imaging help you accurately assess proximal and distal necks.



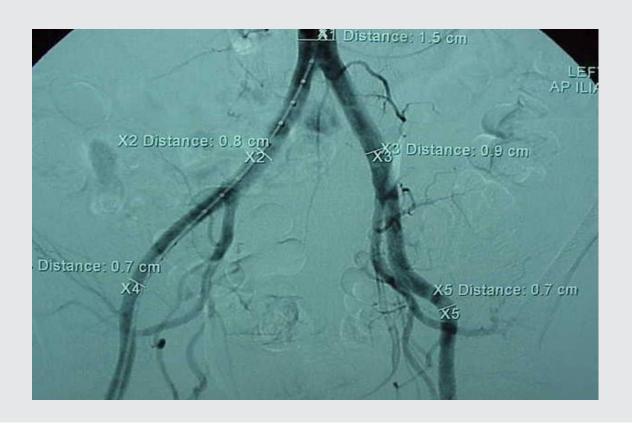
# **Planning**

#### Device planning steps

- Identify the locations of proximal and distal seal zones.
- Identify the location and extent of the overlap joint (when designing the two-piece system).
- Take length measurements along the greater curvature of the aorta, including the aneurysm if present.

## Adequate access

The inner diameter of the access vessel must accommodate the outer diameter of the introduction system.



### How to choose seal zones

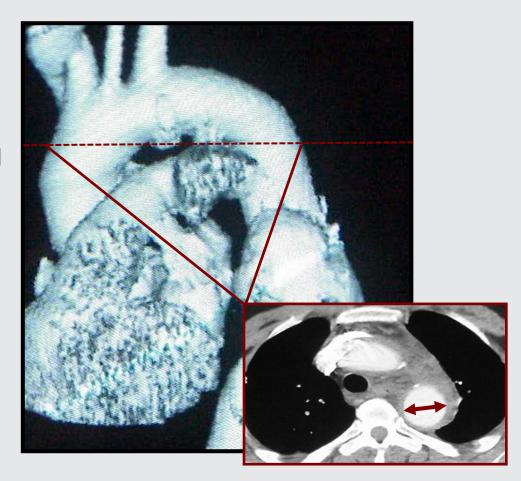
The seal zones must be conducive to good sealing between the graft and the aortic wall. The seal zones should have these characteristics:

- Minimal angulation, tortuosity, and calcification
- No circumferential thrombus
- No inverted-funnel proximal neck or funnel distal neck (more than a 10% change in diameter across 20 mm of the sealing zone)
- A length of at least 20 mm
- An outer-wall-to-outer-wall diameter between 20 and 42 mm

Identify branch vessels and plan accordingly (plan bypass of left subclavian; look for anomalous vertebrals off arch; do not cover celiac)

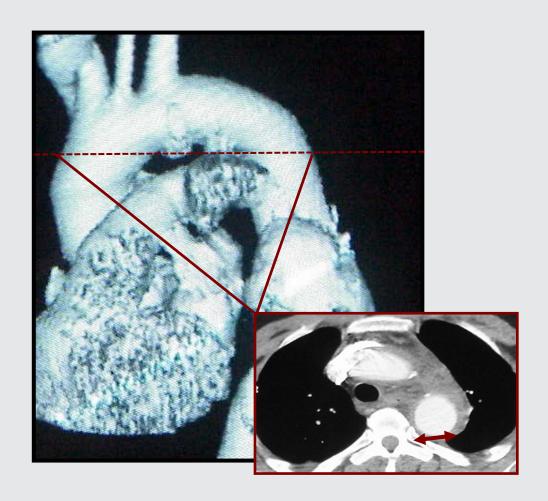
### Neck diameter

- Look at the longest measurement across the shortest axis of the proximal neck.
- Measure from the outer wall to the outer wall.

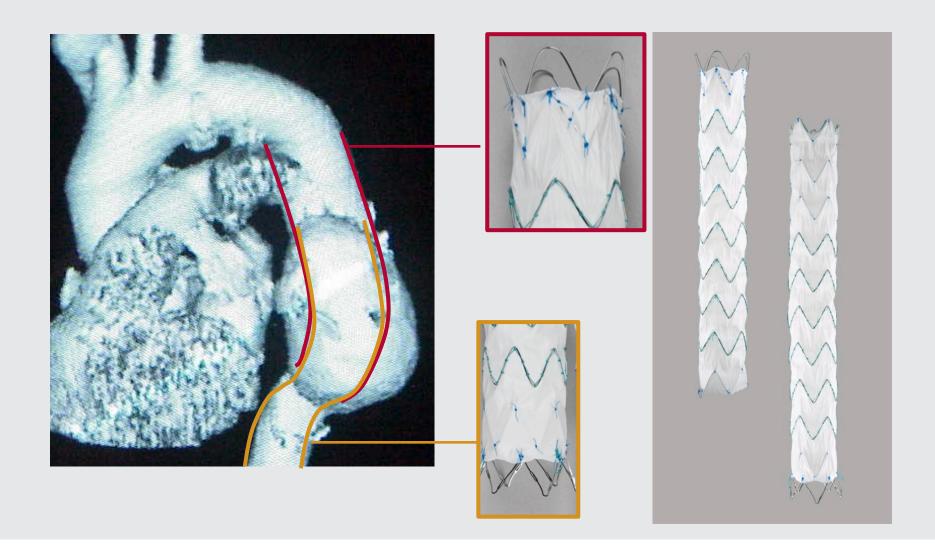


# Diameter oversizing

- Oversize the components' diameters.
- Graft diameters are generally oversized 10%-25% (3-5 mm) in comparison to the anatomical measurement.



# Length of seal zones



## Length of seal zones

#### Proximal component

- The proximal component landing zone is also referred to as the neck length.
- The neck length should be greater than or equal to 20 mm.

Why does the neck length need to be so long?

- Attachment
- Friction
- Seal



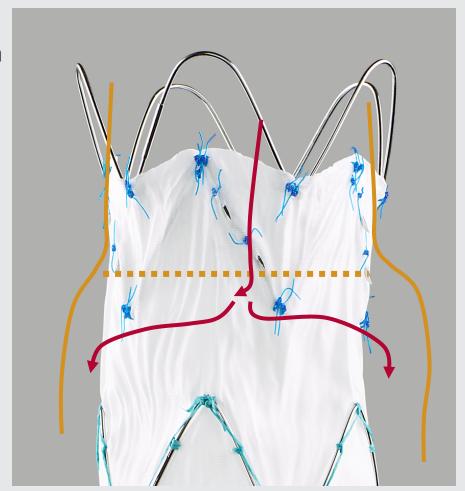
The shape of the neck must provide a parallel seal zone.

• The proximal and distal fixation sites should demonstrate less than a 10% change in diameter over the 20 mm lengths of the sites.

### Seal zones shorter than 20 mm

### Proximal component

 Short landing zones can create an inadequate seal zone, which can result in a Type I endoleak.



## Adequate seal-zone length

### Proximal component

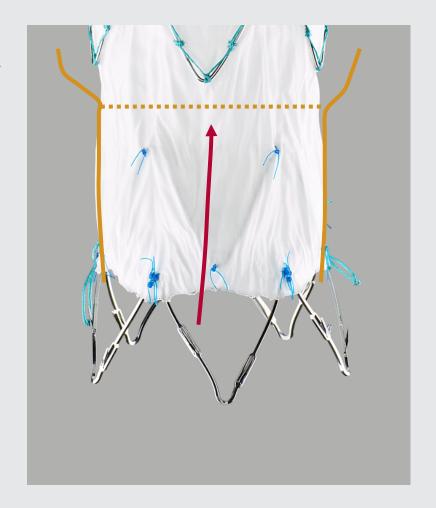
 A proximal landing zone that is greater than or equal to 20 mm long inhibits blood flow and provides an adequate seal to help prevent a Type I endoleak.



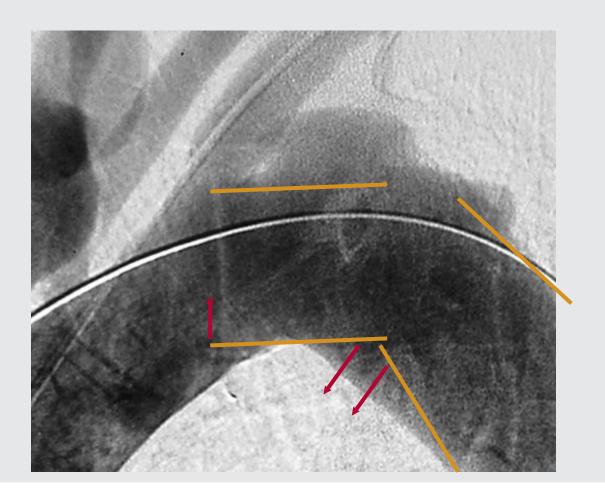
## Adequate seal-zone length

#### Distal component

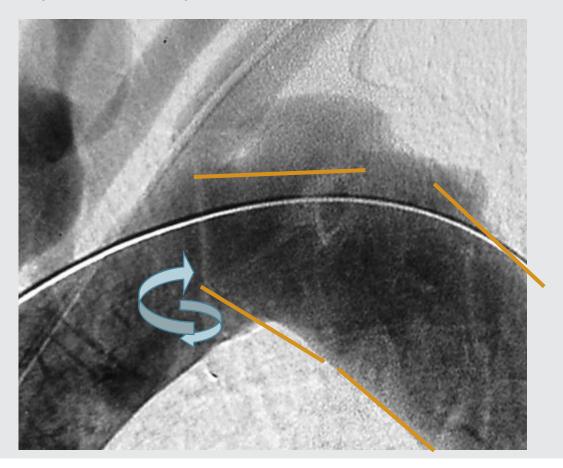
 A distal landing zone that is greater than or equal to 20 mm long can help inhibit Type I endoleaks.



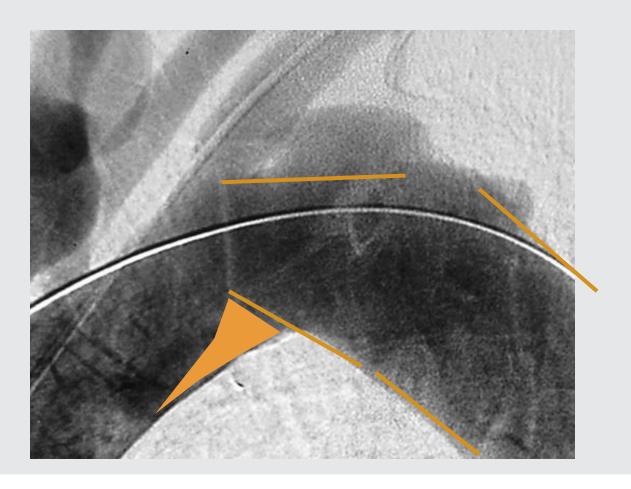
• This image demonstrates an inadequate seal-zone length.



 Inadequate seal-zone length will cause the proximal component to bird beak.



• A thrombus may develop under the sealing stent.



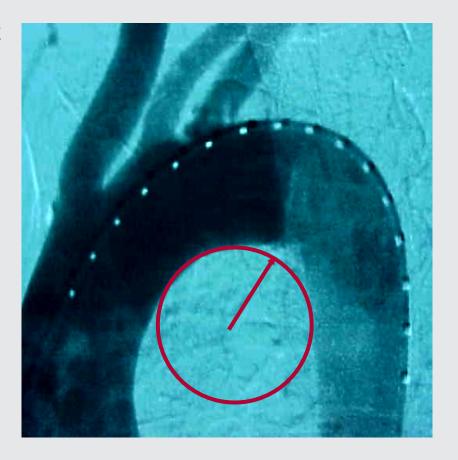
#### Parallel neck

 A landing zone that is greater than or equal to 20 mm long provides adequate seal.



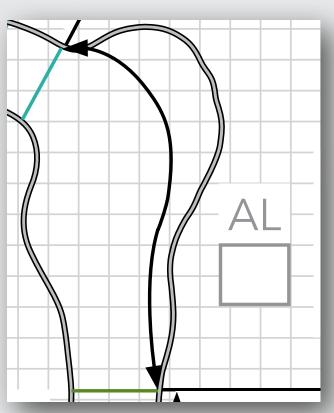
## Aortic arch radius

• The inner aortic arch radius must be greater than 20 mm.



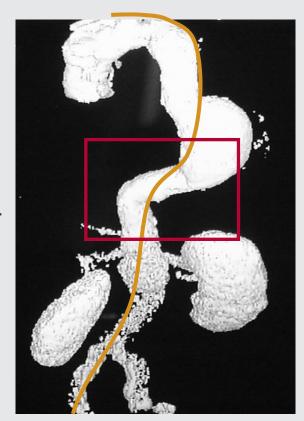
## Aneurysm length

- Take the length measurements along the greater curvature of the aorta, including the aneurysm if present.
- The greater curvature of the aorta is the longest seminated measurement following the curve of the aneurysm and may be on the outer or inner curvature of the aorta depending on the location of the aneurysm.
- A two-component (proximal and distal component) repair is recommended because it adapts to the length change over time.
- If you can't implement an acceptable twocomponent repair, then the proximal component must be long enough to achieve and maintain the minimum 20 mm long sealing zone.

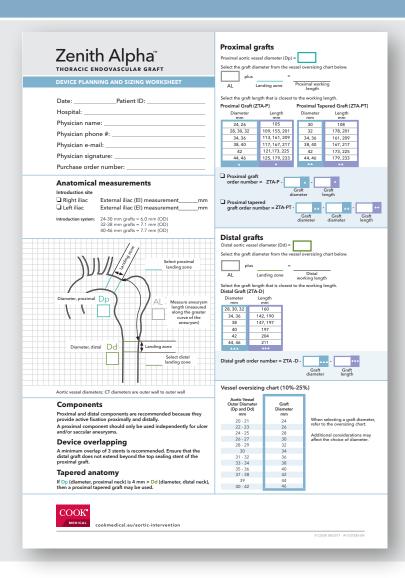


## Distal aortic angle

- Successfully excluding the aneurysm if the angle through the S curve is greater than 45 degrees may be difficult.
- If you note difficulty tracking the second component through tortuous anatomy of the thoracic aorta, then you can provide extra support by using a brachio-femoral wire guide.

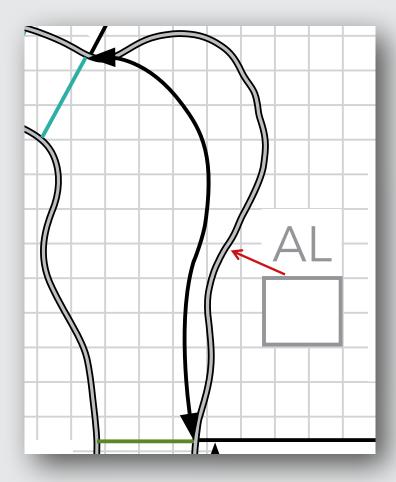


# Device planning and sizing



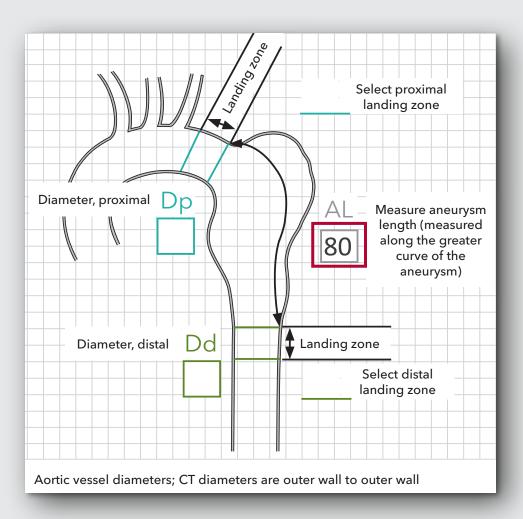
# Aneurysm length (AL)

- Measure the length of the aneurysm.
- You must take the length measurements on the greater curve of the aneurysms.



# Aneurysm length (AL)

 Write the aneurysm length in the AL box.



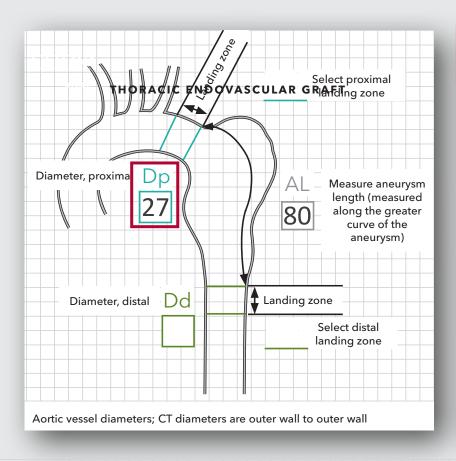
### Proximal aorta anatomical diameter

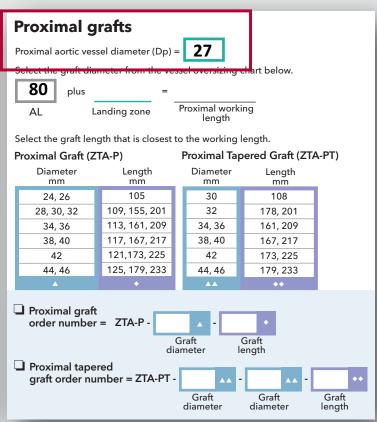
 Measure the proximal diameter of the neck. The landing zone must be at least 20 mm long, measured outer wall to outer wall.



### Proximal aorta anatomical diameter

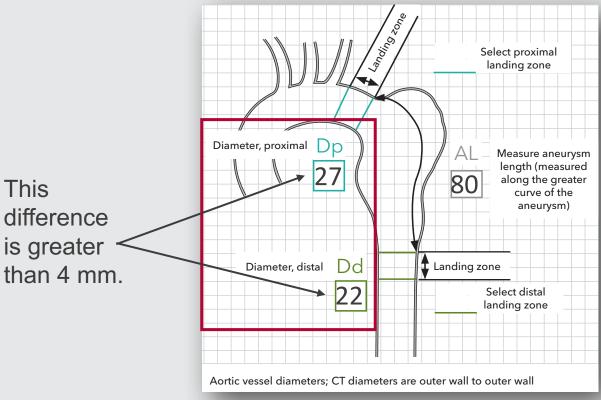
Write the proximal diameter measurement in the Dp box.





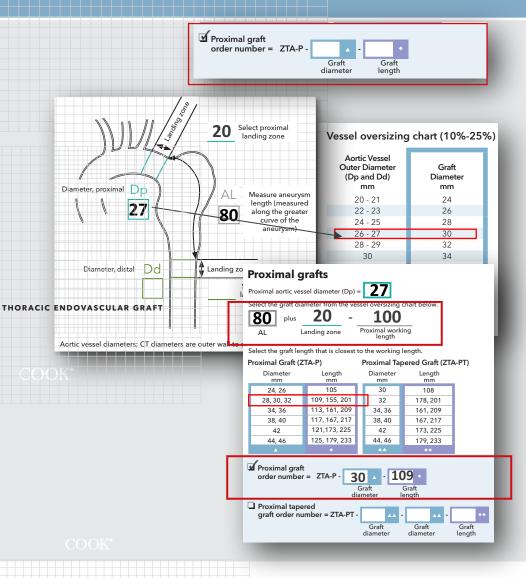
## Tapering anatomy: Example

 If the Dp (proximal diameter) is 4 mm greater than the Dd (distal diameter), then a proximal tapered component should be used.



# Proximal graft selection

- Select the proximal graft type.
- Select the diameter of the proximal graft from the vessel oversizing chart.
- Calculate the proximal working length by adding the aneurysm length and 20 mm.
- Select the proximal component length from the chart.



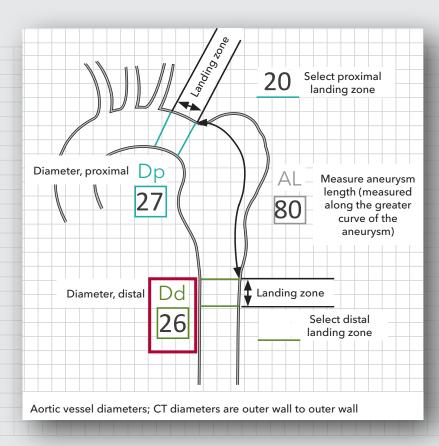
### Distal aorta anatomical diameter

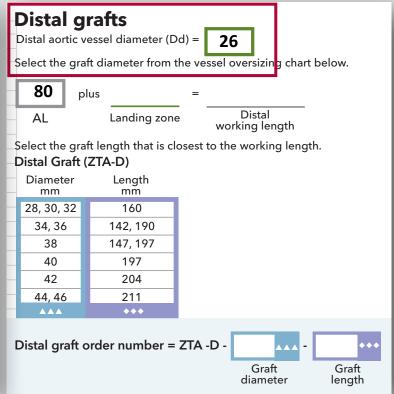
 Measure the distal diameter of the neck. The landing zone must be at least 20 mm long, measured outer wall to outer wall.



### Distal aorta anatomical diameter

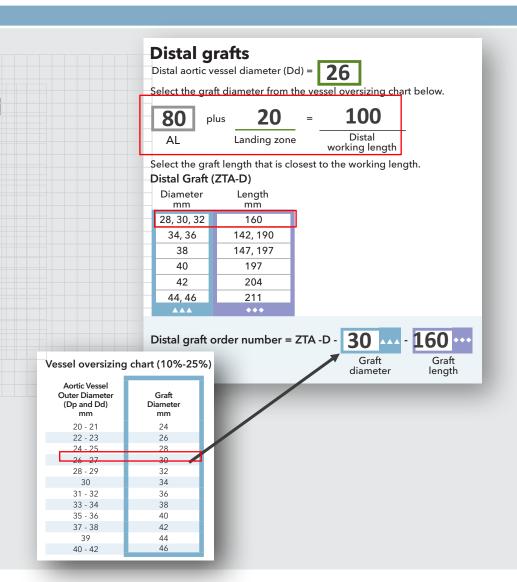
Write the distal diameter measurement in the Dd box.





# Distal graft selection

- Select the distal graft type.
- Select the diameter of the distal component from the vessel oversizing chart.
- Calculate the distal working length by adding the aneurysm length and 20 mm.
- Select the distal component length from the chart.
- A 3-4 stent (approximately 75-100 mm) overlap is recommended.



## Graft order numbers

