M. Lescan

Early experiences with the Relay Double Branch graft
Disclosure

Speaker name:
Mario Lescan, MD

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

✓ I do not have any potential conflict of interest
Aortic arch surgery nowadays

Frozen elephant trunc

Debranching
New development – the „double branch Relay“ graft (custom made)

Total Orthotope Endovascular Aortic Arch Repair

- Relay NBS graft with a **window** for perfusion of supraaortic trunks
- two **inner tunnels** with locking stents for the arch branches
The experience is growing

Current presentations and literature:

Techniques For And Long-Term Results Of Treating Zone 0 Aortic Arch Lesions Endovascularly: Including The Use Of Bolton’s Branched TEVAR Device

Toru Kuratani, Veith Symposium in NYC 2016

Arch Repair with Bolton RelayBranch Thoracic Stent-Graft system

Joost van Herwaarden, MD, PhD.
LINC Congress, Leipzig, 2017

Value and 3-year results with branched endograft from Bolton for treating complex arch lesions

Toru Kuratani, Veith Symposium in NYC 2015

Combined experience of the Bolton Medical RelayBranch Thoracic Stent-Graft system from Freiburg, Toulouse, Tübingen, and Utrecht (n=15)

Article in press, Czerny et al, 2017
**Anatomical requirements**

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Open surgical part of the procedure

Main body 24-25 Fr.
✓ femoral cutdown

Branches 14 F
✓ cutdown on both sides to LCA, RCA
✓ Bypass rather than transposition
✓ more freedom during branch deployment
✓ proximal anastomosis near carotid bifurcation

LSA preservation
Radiopaque markers

Window
Proximal Marker

Window
Markers

Tunnels
Proximal Markers

Main Body
Proximal Markers

Main Body
Distal Markers
Endovascular part of the procedure
CT scan before and after DB implantation
Thank You for Your attention!