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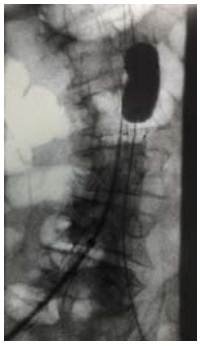
AndraTec Lokum Lunderquist extra stiff guide wire & AltoSa-SFT Remodelling Balloon **in elective EVAR; CASE REPORT Cologne, Germany**

References: Dr. G. Albrecht-Früh, Dr. T. May Department of Vascular Surgery, Cologne (Porz) / Germany

History:
The Hospital of Cologne / Porz in the department of vascular surgery former Prof. Horsch is well known for its 1st attempts to treat aortic aneurysm with EVAR technique since the early stages of minimally invasive AAA repair. Meanwhile the procedures are getting more and more complex as materials are becoming better and better. In this paper we will report about some new interventional devices for AAA & TAA treatment.

Case report:
A 60-year old patient was presented to our hospital with the presence of a 5.5cm aortic aneurysm. The patient was under general anaesthesia. After a bi-femoral insertion of a Terumo Guide wire and a pigtail angiography we inserted a **Lokum Lunderquist (AndraTec Germany)** guide wire, which would give an excellent support for the Endurant prosthesis (Medtronic, USA). An easy insertion of the Prosthesis was possible and the support was well established with the **Lokum Lunderquist (AndraTec Germany).** After the partial deployment of the 28mm x 180mm Endurant prosthesis on the ipsilateral side we cannulated the contralateral limb and deployed a second extra Stiff Guide Wire (Jotec Germany). Noticeable feature of the **Lokum Lunderquist** is the easy storage in the dispenser. Which gives it an easier handling during the procedure. The contralateral limb 16x13x124mm was than simultaneously deployed with the ipsilateral limb. We also had the chance to use the new **AltoSa-SFT remodelling Balloon (AndraTec Germany)** in this case. As this balloon has a unique small profile we inserted a 11F sheath (Cordis, USA) on the contralateral side to challenge the profile a bit. The **AltoSa-SFT Balloon (AndraTec Germany)** could be easily inserted through the 11F sheath and after several inflation and deflation procedures we also retrieved the balloon smoothly through the sheath. Even with the high amount of contrast which we used in this case ½ to ½ the balloon performance was much better compared to the standard balloon we use normally. We inserted a 12F Cook sheath on the right side to perform the same procedure again with the **AltoSa-SFT Balloon**. We achieved similar good results.

Results: The final angiographic result shows the exclusion of the AAA with no residual endoleak. Superior stability was achieved with the **Lokum Lunderquist** (AndraTec Germany) and remodelling of the prosthesis was achieved with the **AltoSa-SFT** Balloon (AndraTec Germany). The clear advantages of the **AltoSa-SFT Balloon** are fast inflation and deflation time. The **Lokum Lunderquist** has a good stability to support such cases and a low friction too.

Conflict of Interests:
The authors declare they have no potential conflict of interests or any financial relations.