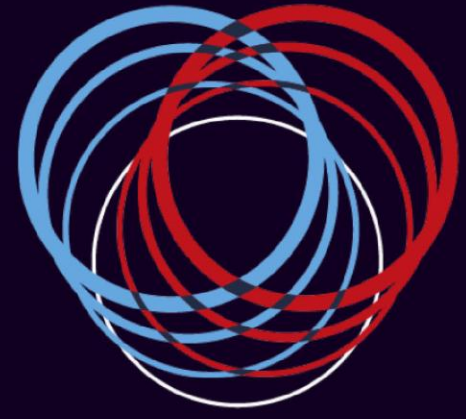


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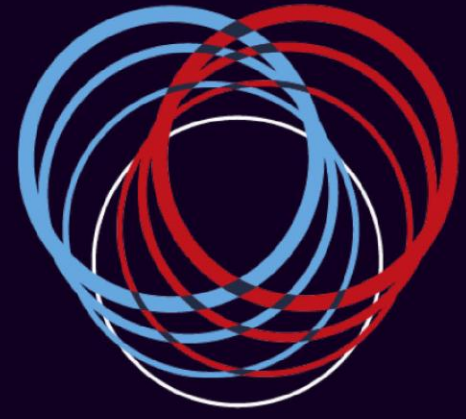
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Hypogastric artery aneurysms: Tips and tricks for gluteal artery anchoring

Fabio Verzini MD, PhD, FEBVS

Chief, Vascular Surgery Unit
Postgraduate Vascular Surgery School

Turin University



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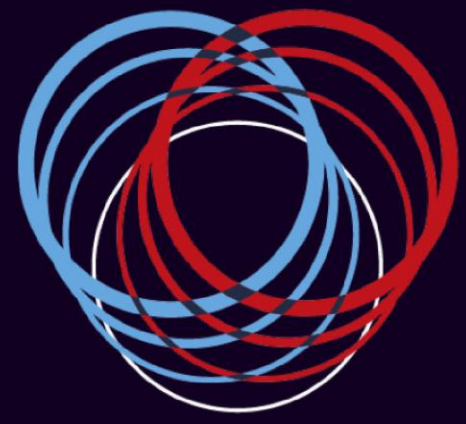
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Disclosure

Speaker name: Prof. Fabio Verzini

- I have the following potential conflicts of interest to report:
 - X Receipt of grants/research support from Cook**
 - X Receipt of honoraria and travel support from Gore**
 - Participation in a company-sponsored speaker bureau
 - Employment in industry
 - Shareholder in a healthcare company
 - Owner of a healthcare company
- I do not have any potential conflict of interest



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Cardiovasc Intervent Radiol (2008) 31:728–734

Buttock Claudication and erectile Dysfunction After internal iliac artery embolization in patients prior to endovascular aortic aneurysm repair

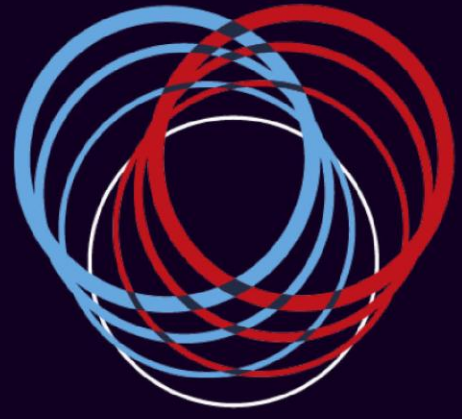
H. S. Rayt · M. J. Bown · K. V. Lambert · N. G. Fishwick ·
M. J. McCarthy · N. J. M. London · R. D. Sayers

Unilateral HA occlusion

Study/year [ref. no.]	No. of patients	Buttock claudication (%)	Sexual dysfunction (%)
Mehta 2001 [17]	99	16 (16)	6/67 (9)
Rhee 2002 [19]	43	12 (28)	–
Schoder 2001 [20]	36	13 (36)	4/15 (27)
Razavi 2000 [8]	25	6 (24)	–
Lee 2001 [15]	23	9 (39)	–
Kritpracha 2003 [11]	20	9 (45)	–
Tefera 2004 [21]	13	4 (31)	–
Arko 2004 [9]	12	6 (50)	–
Wyers 2002 [23]	11	5 (45)	–
Wolpert 2001 [22]	11	4 (36)	–
Linn 2002 [16]	8	4 (50)	3/7 (43)
Total	301	88 (29)	13/89 (15)

Bilateral HA occlusion

Study/year [ref. no.]	No. of patients	Buttock claudication (%)	Sexual dysfunction (%)
Mehta 2004 [18]	32	5 (16)	2/18 (11)
Engleke 2002 [6]	16	4 (25)	–
Schoder 2001 [20]	10	8 (80)	1/5 (20)
Mehta 2001 [17]	8	1 (13)	1/6 (18)
Razavi 2000 [8]	7	3 (43)	–
Wolpert 2001 [22]	7	4 (57)	–
Rhee 2002 [19]	6	2 (33)	–
Linn 2002 [16]	4	2 (50)	2/4 (50)
Total	90	29/90 (32)	6/33 (18)



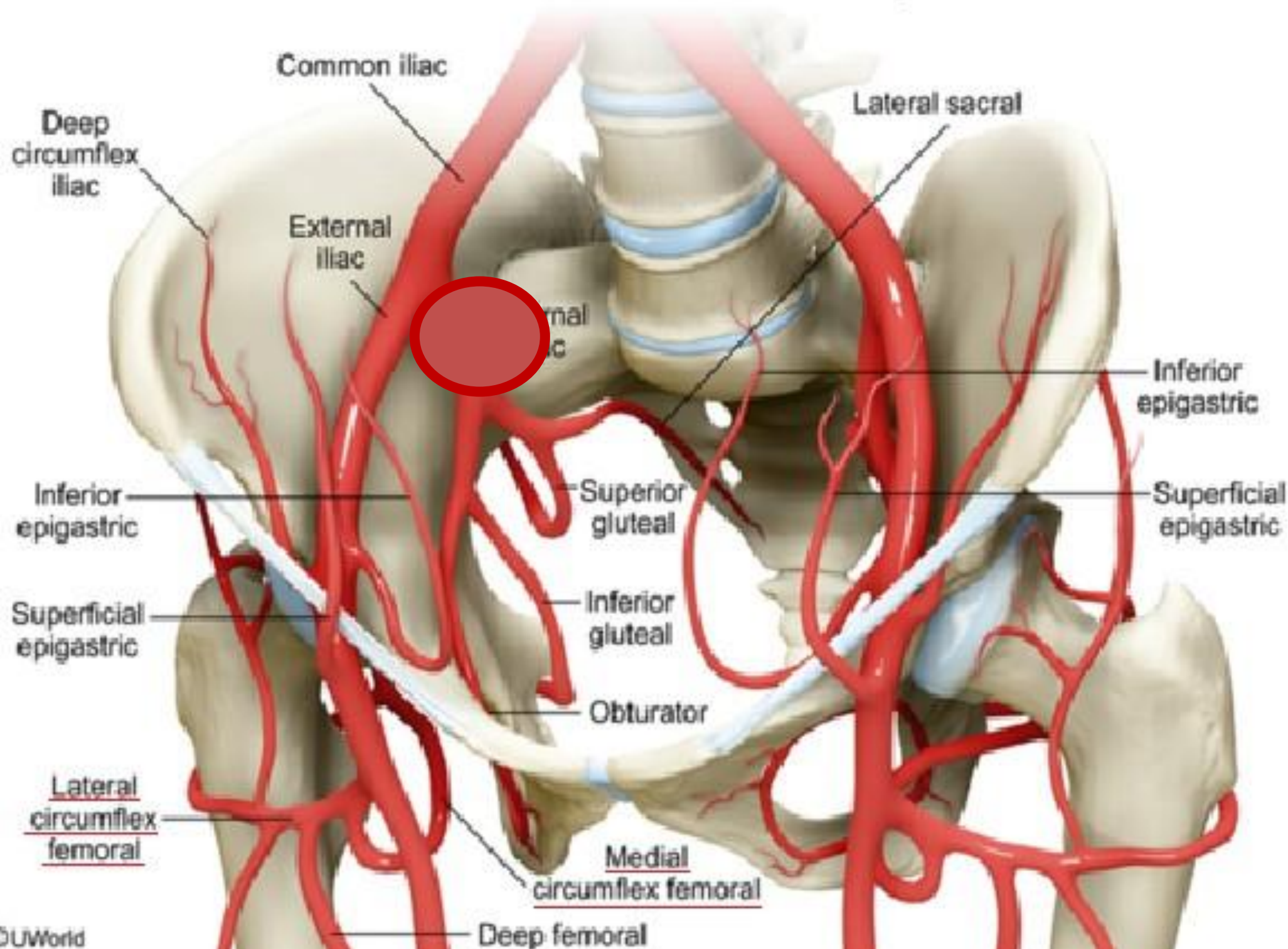
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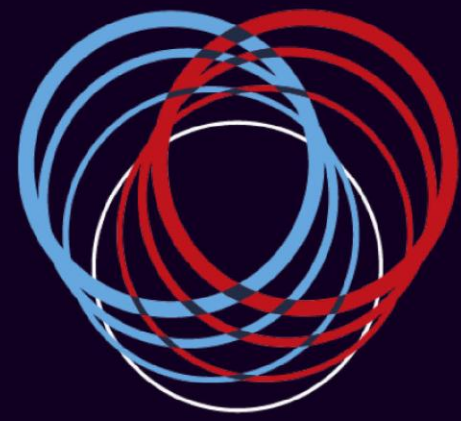
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When gluteal landing?

Branches of common iliac artery





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Annals of Vascular Surgery
Volume 62, January 2020, Pages 195-205

Extension of Iliac Branch Device Repair Into the Superior Gluteal Artery Is a Safe and Effective Maneuver

Thomas Jerkku¹, Waleed Mahmood Mohammed¹, Dimitrios Kapetanios¹, Michael Czihal², Nikolaos Tsilimparis¹, Ramin Banafsche¹  

Retrospective analysis, single-center

January 2015 to October 2017

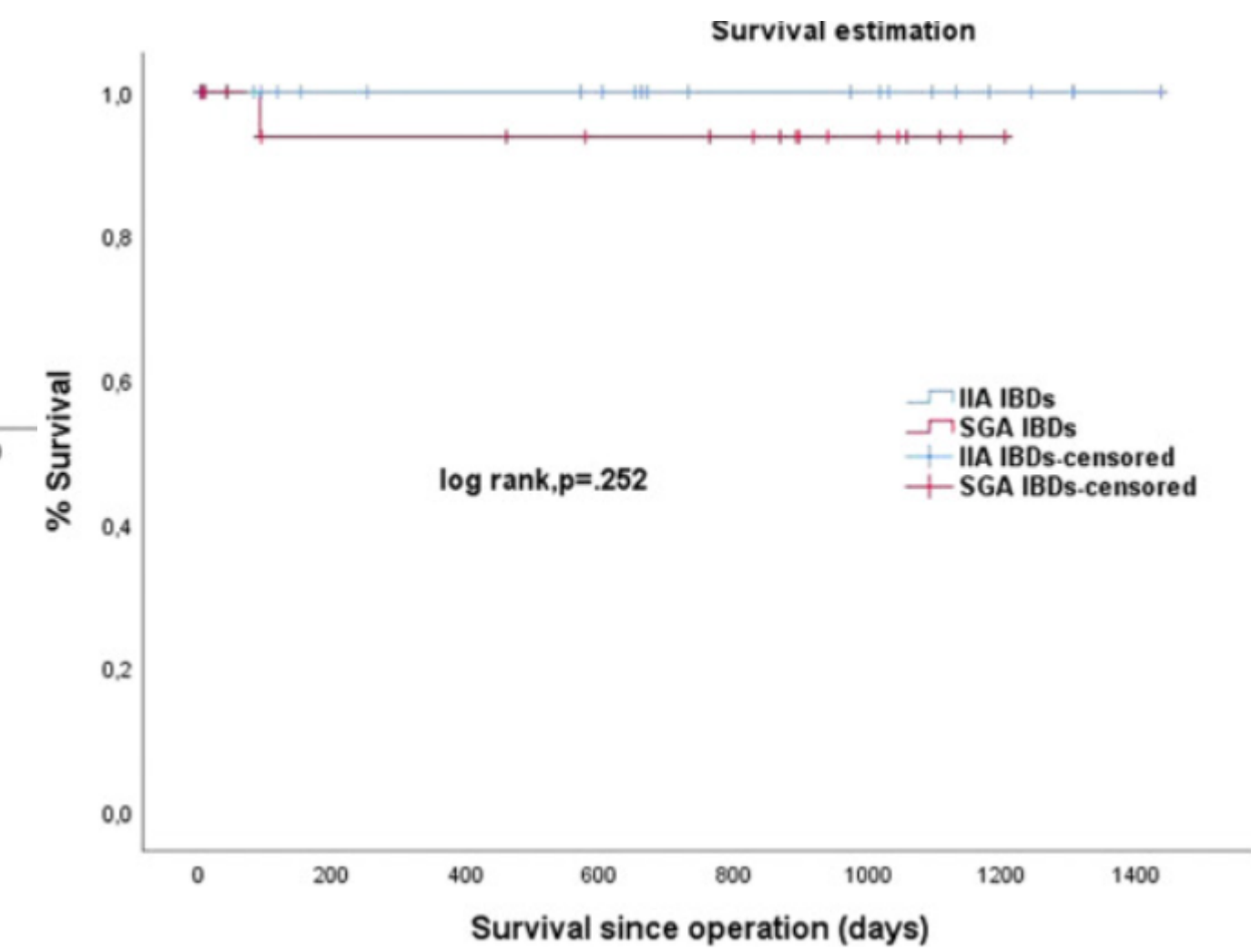
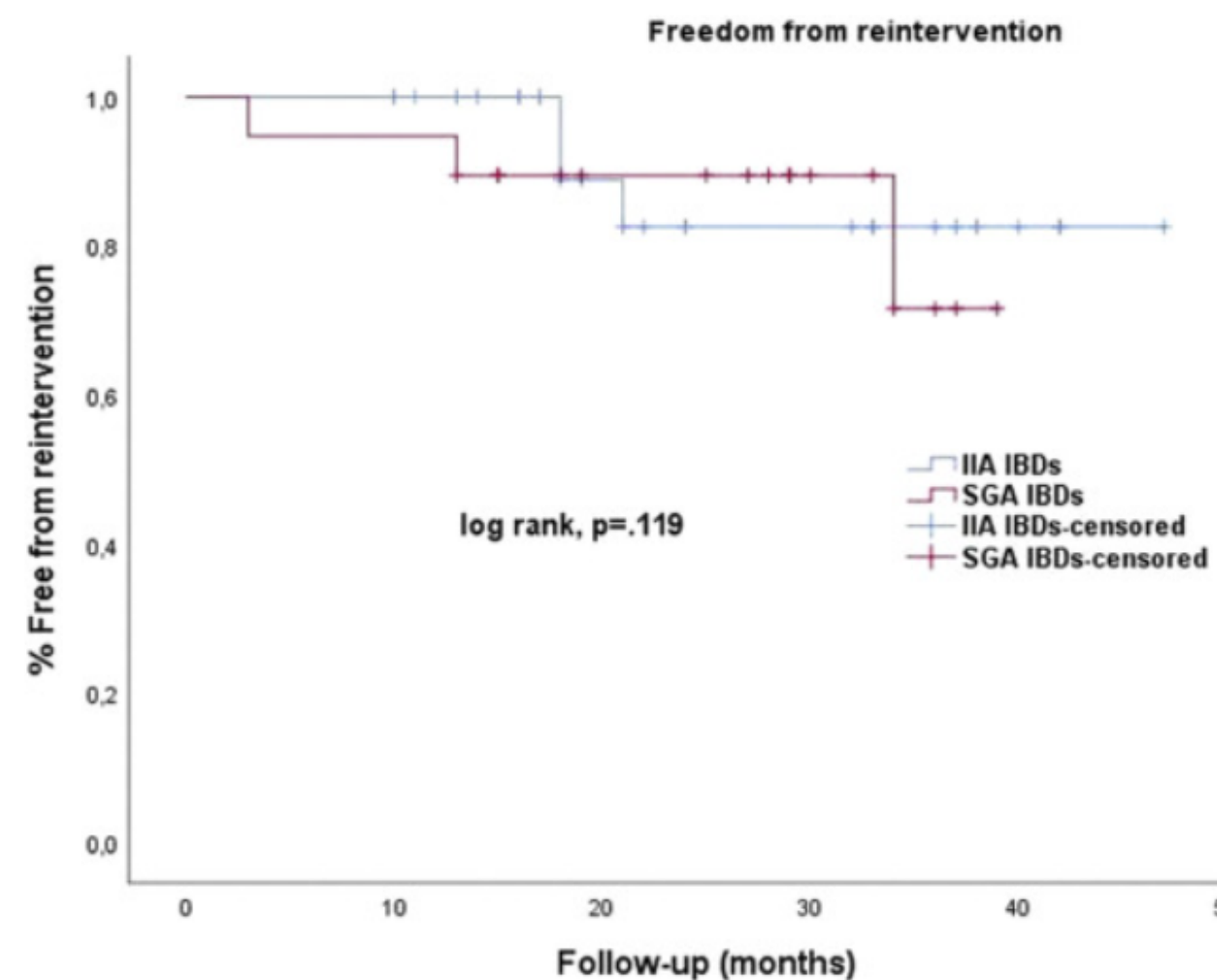
46 IBD in 40 patients (19 extended into the SGA)

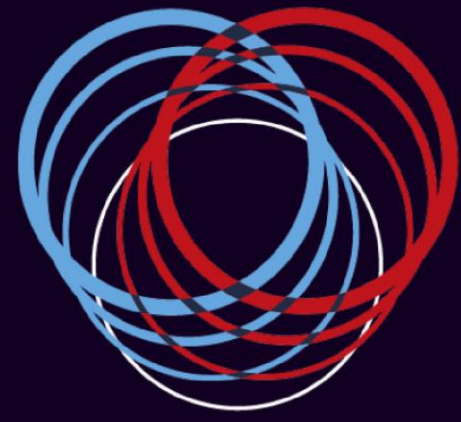
IIA IBD was compared with SGA IBD

97.8% technical success

Main FU 19.8 ± 10.0 months

No cases of pelvic ischemia





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Outcomes of «Anterior versus posterior divisional branches of the hypogastric artery as distal landing zone for iliac branch devices» : The international multicentric R3OYAL Registry

Mario D’Oria, Guilherme B, Lima, MD^{2,3}, Nuno Dias, MD, Giambattista Parlani, MD⁴, Mark Farber, MD⁵, Nikolaos Tsilimparis, MD⁶, Randall DeMartino, MD⁷, Carlos Timaran, MD⁸, Tilo Kolbel, Mauro Gargiulo, MD¹⁰, Ross Milner, MD¹¹, Germano Melissano, MD¹², Thomas Maldonado, MD¹³, Kevin Mani, MD¹⁴, Emanuel R. Tenorio, and Gustavo S. Oderich, MD² on behalf of the R3OYAL Registry collaborators, and R3OYAL Registry Collaborators

Journal of Endovascular Therapy
 Volume 31, Issue 2, April 2024, Pages 282-294

12 centers

221 patients with IBD

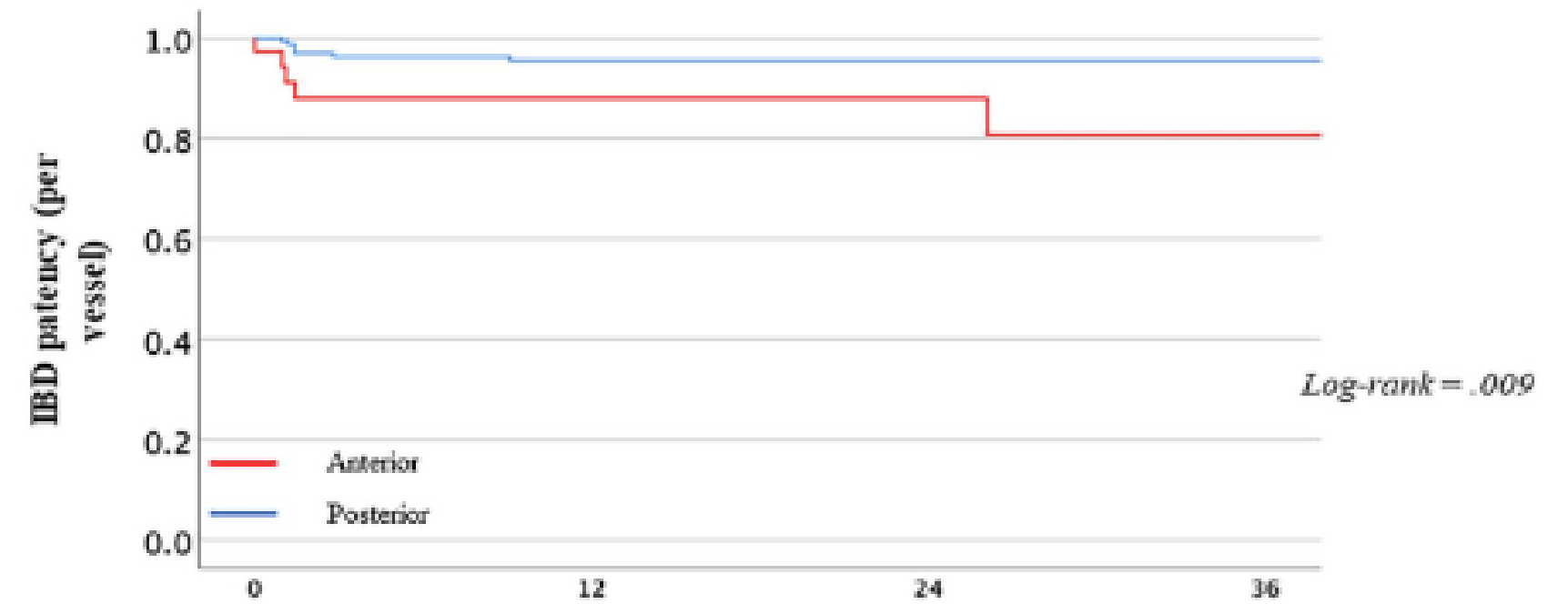
(40 anterior and 181 posterior divisional branches)

No differences of overall rate of freedom from the composite IBD branch instability

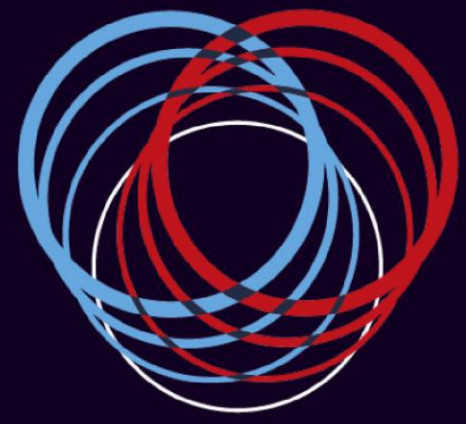
The 3-year estimates of IBD patency lower in anterior group

primary patency: 81% vs 96%, log-rank test = .009;
 secondary patency: 81% vs 97%, log-rank test < .001

Overall = 93.1 ± 2, at 3 years



		Follow-up (months)			
		0	12	24	36
Number at risk		36	20	12	8
Kaplan - Meir estimate survival rates	Anterior	1	.881	.881	.807
Standard error	Anterior	0	.056	.056	.086
Number at risk		177	107	78	60
Kaplan - Meir estimate survival rates	Posterior	1	.955	.955	.955
Standard error	Posterior	0	.017	.017	.017



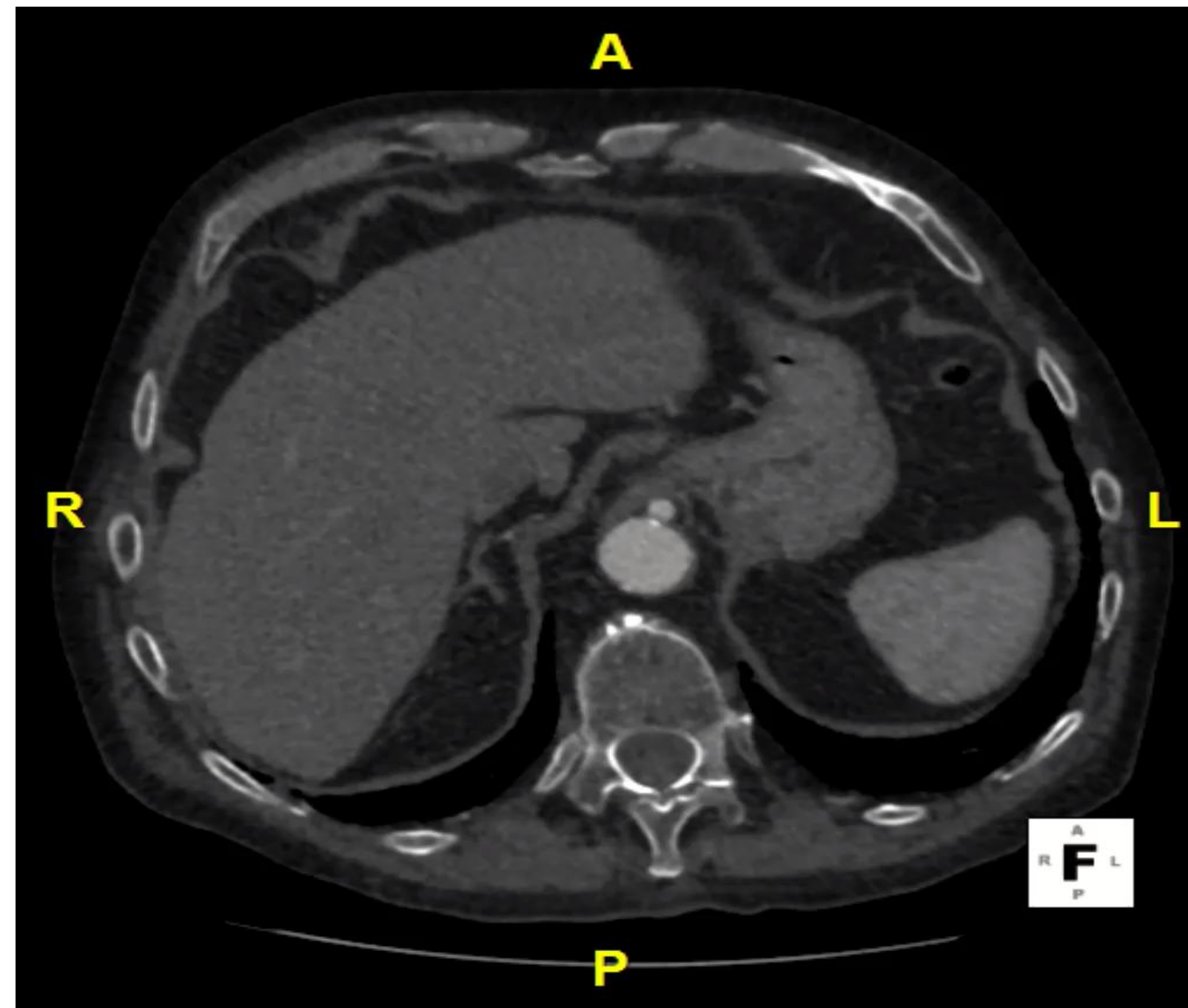
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Male, 73 y.o.

CKD,
Open aortic replacement for
inflammatory AAA
Functional solitary right kidney



IBE + Aortic cuff extension (*CEB231210 + Viabahn 7-50 + VBX 8-70 + CXA280005E*)

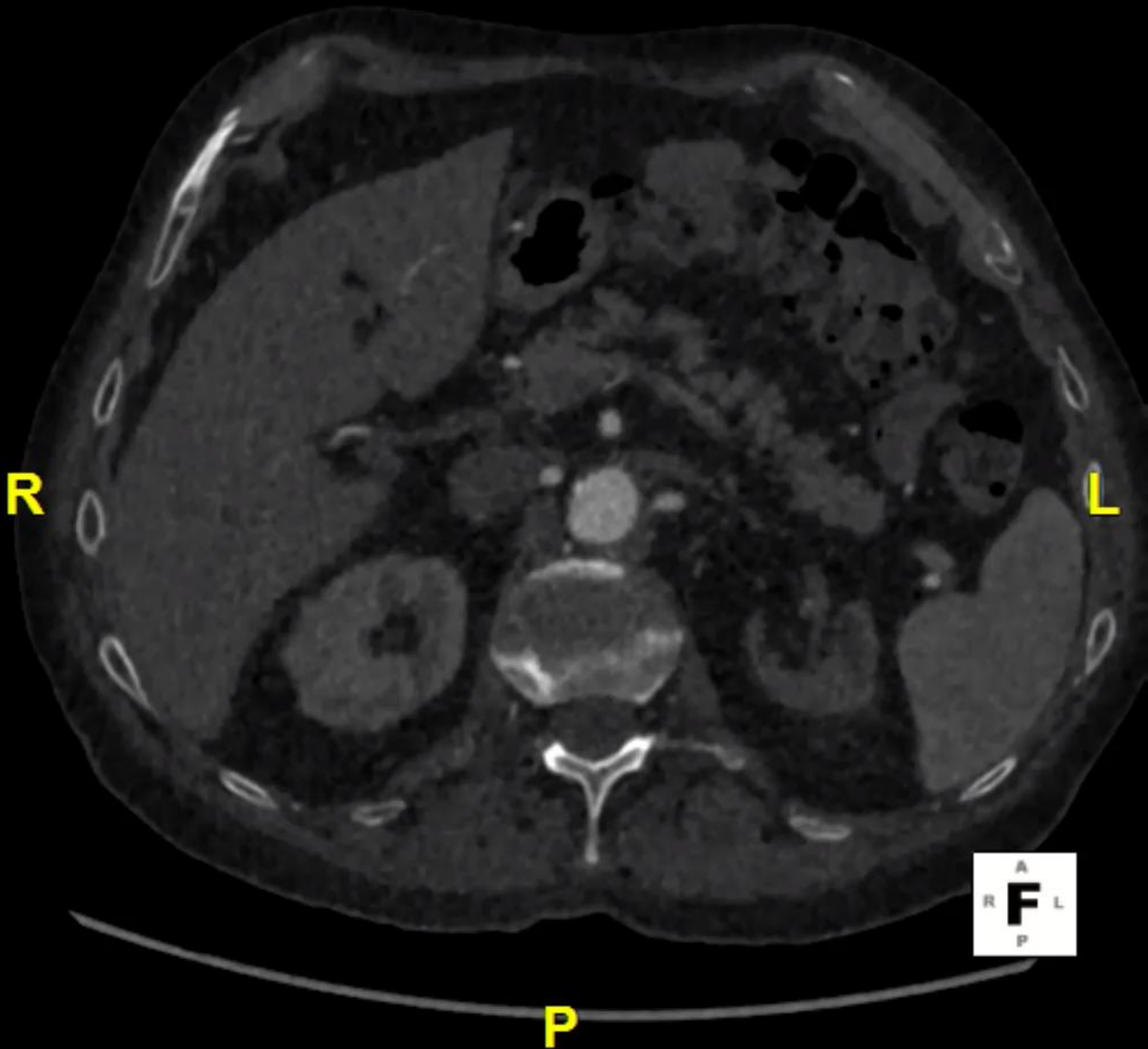


1 month-CTA

A



R



L

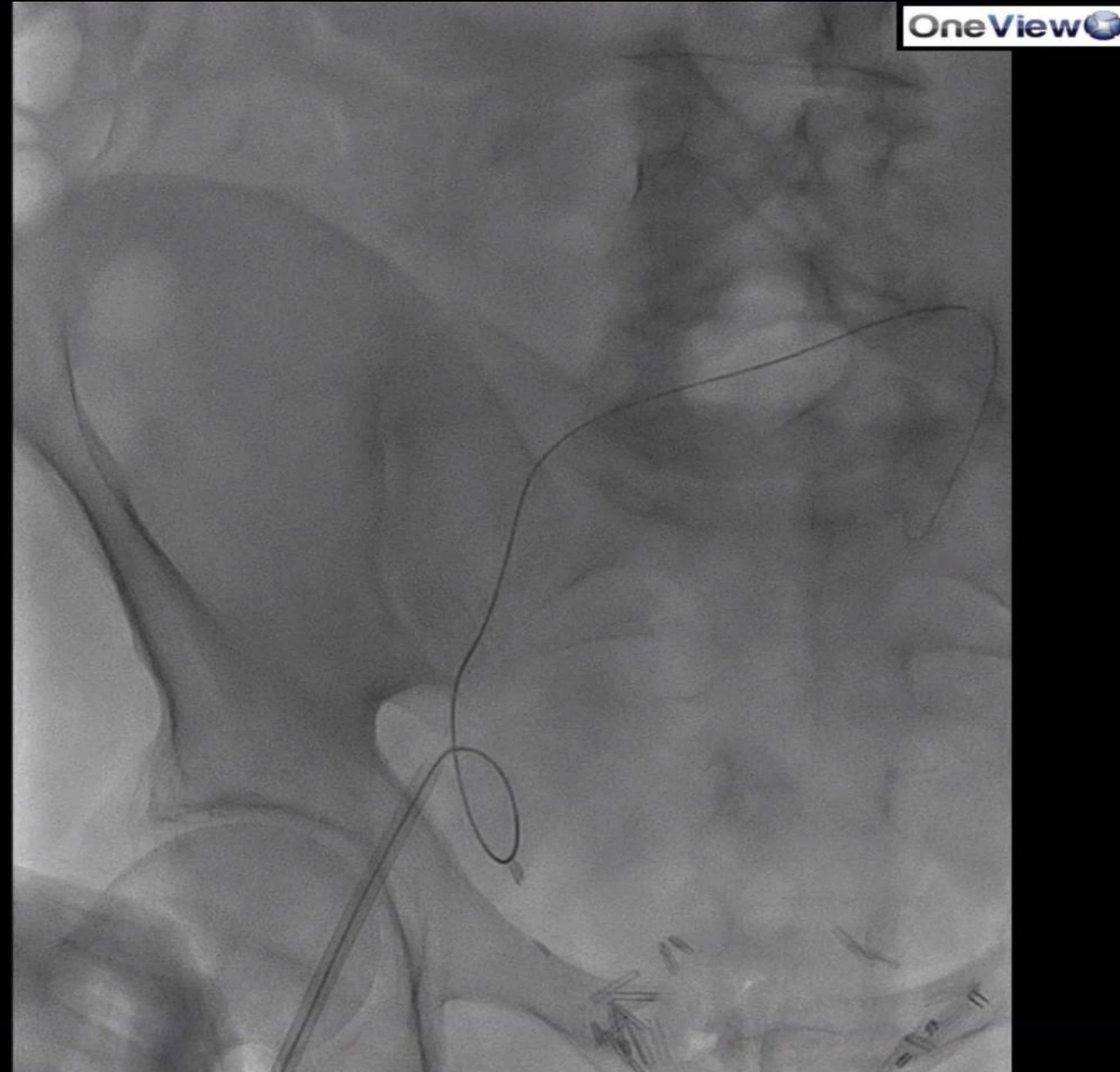
P



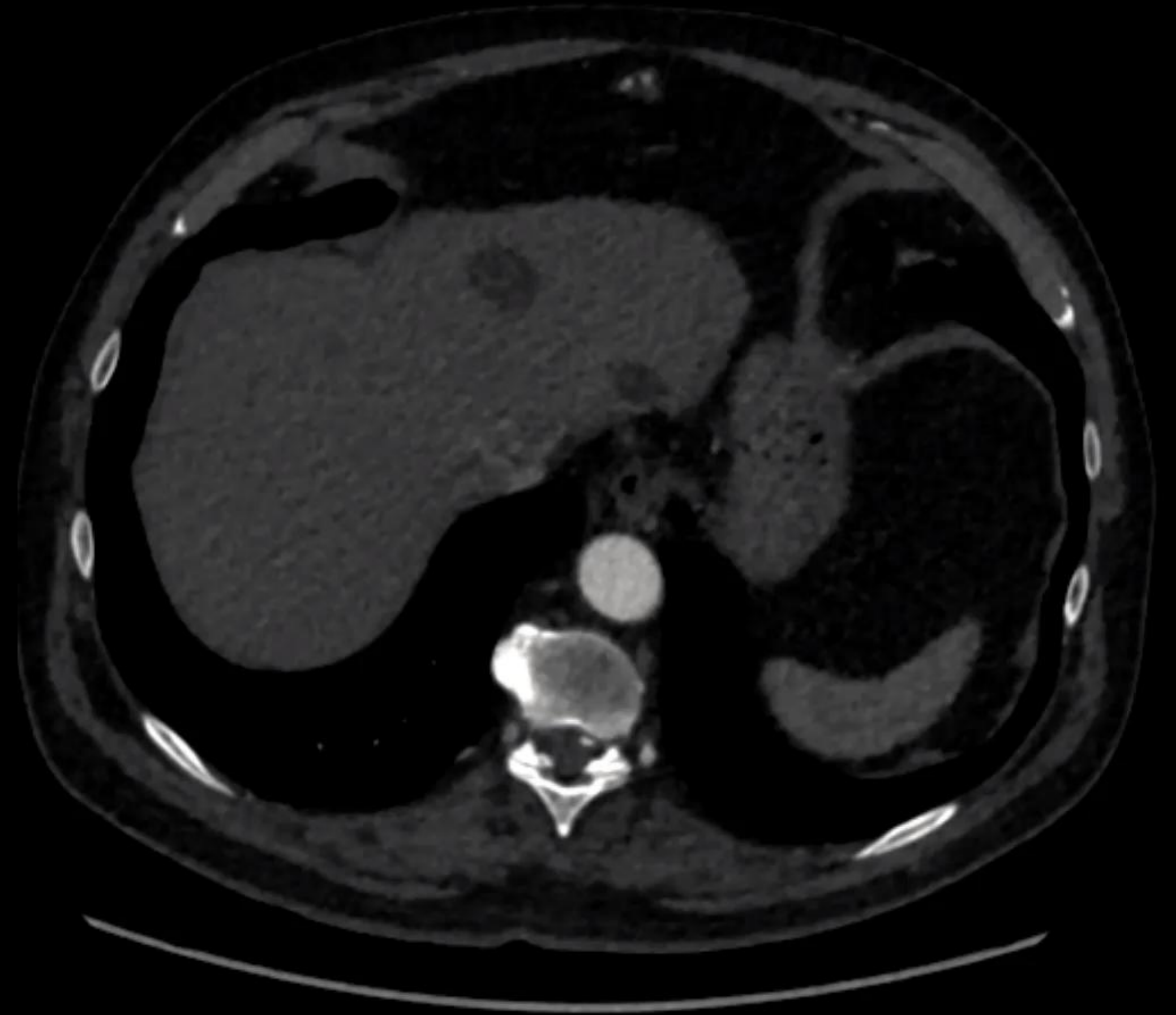
Male 71 y.o.

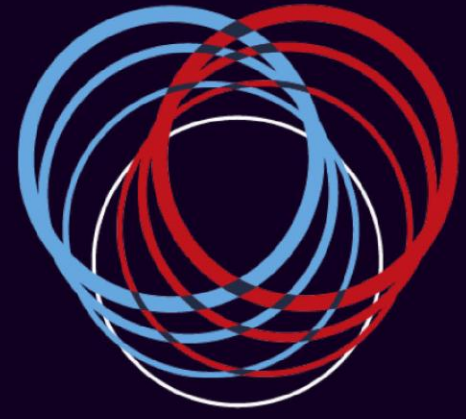


EVAR + IBE (CEB231410+Viabahn 9x75+ HGB161007)



1 month- CTA





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- **Preoperative planning/case selection**

Tips and tricks

Distal landing zone in Superior Gluteal Artery if:

Distal neck diameter > 4 mm

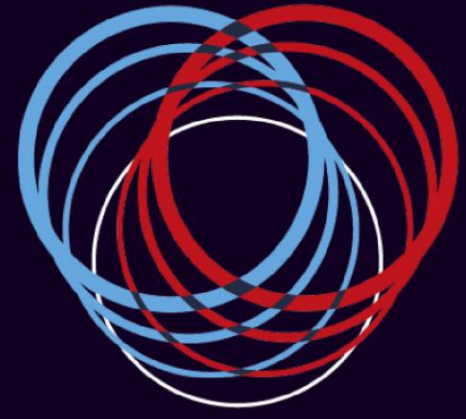
Distal neck length > 15-20 mm

Consider Risk/benefit balance & cost/effectiveness

Bilateral IIA Aneurysm,

Contralateral or femoral occlusive disease

Patient fitness and expectations



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- **Intraoperative choices**

Technical tips and tricks

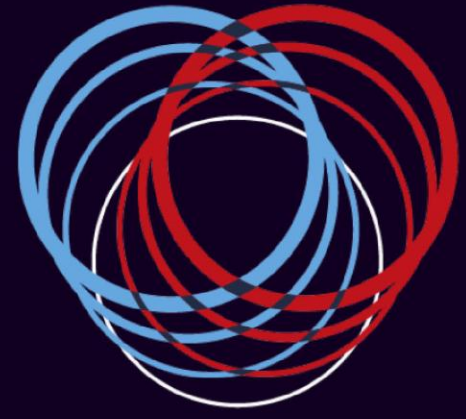
Anterior IIA branch embolization first

**Superior Gluteal stent-graft: Self-expanding (avoid excessive oversizing)
+controlled deployment**

Proximal IIA stent-graft: Balloon expandable /or dedicated iliac graft

Kissing ballooning of the ext and internal stent-grafts

Always before eventual contralateral IIA embolization!



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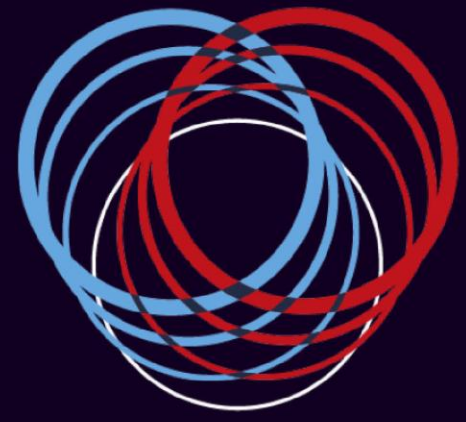
Technical tips and tricks

- **Post-op choices**

Dual antiplatelet Tx at least 6 months

Expect some in-stent parietal thrombosis

Rigid follow up schedule to monitor eventual type 3 Endoleaks (CT better than duplex)



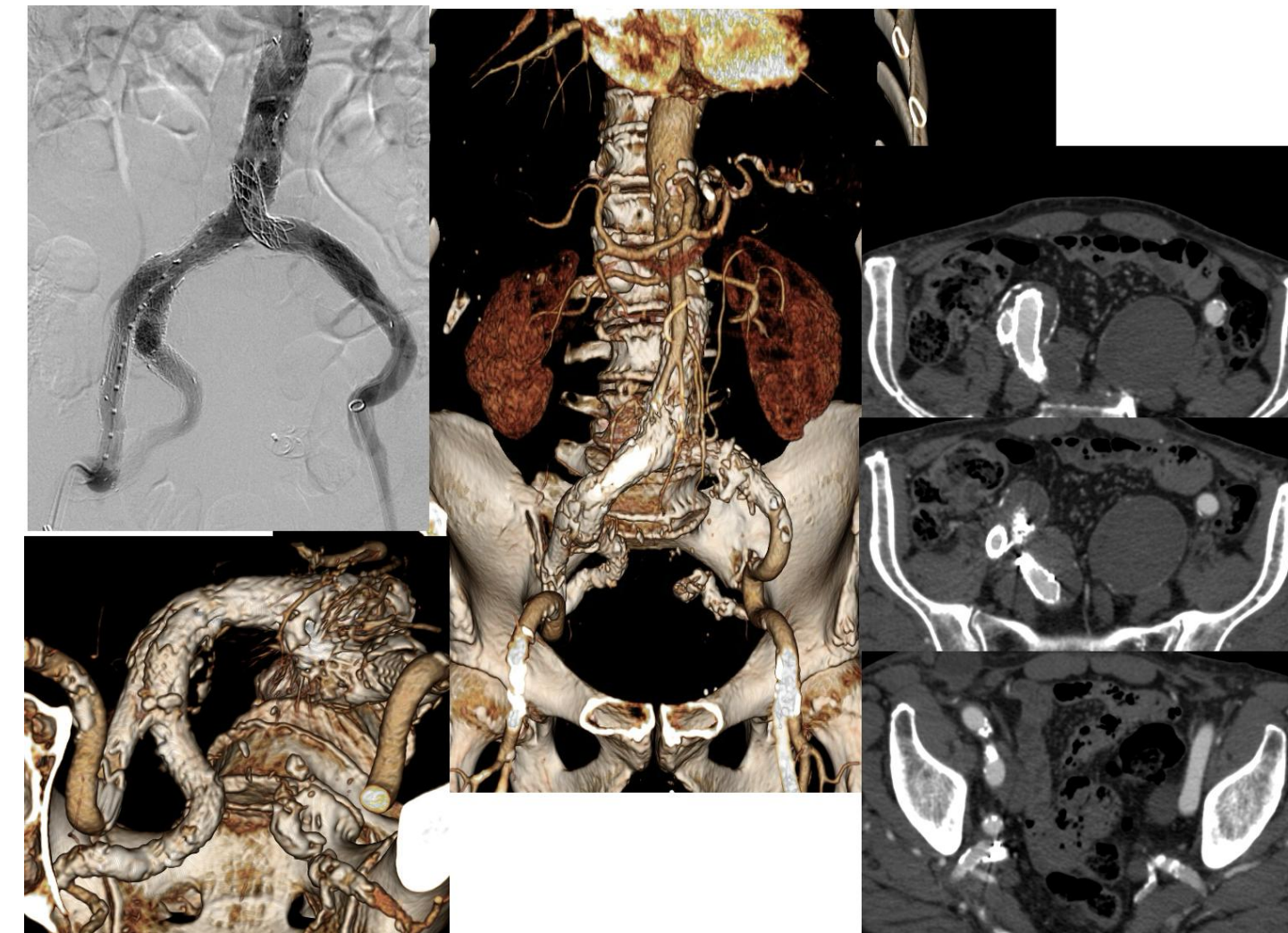
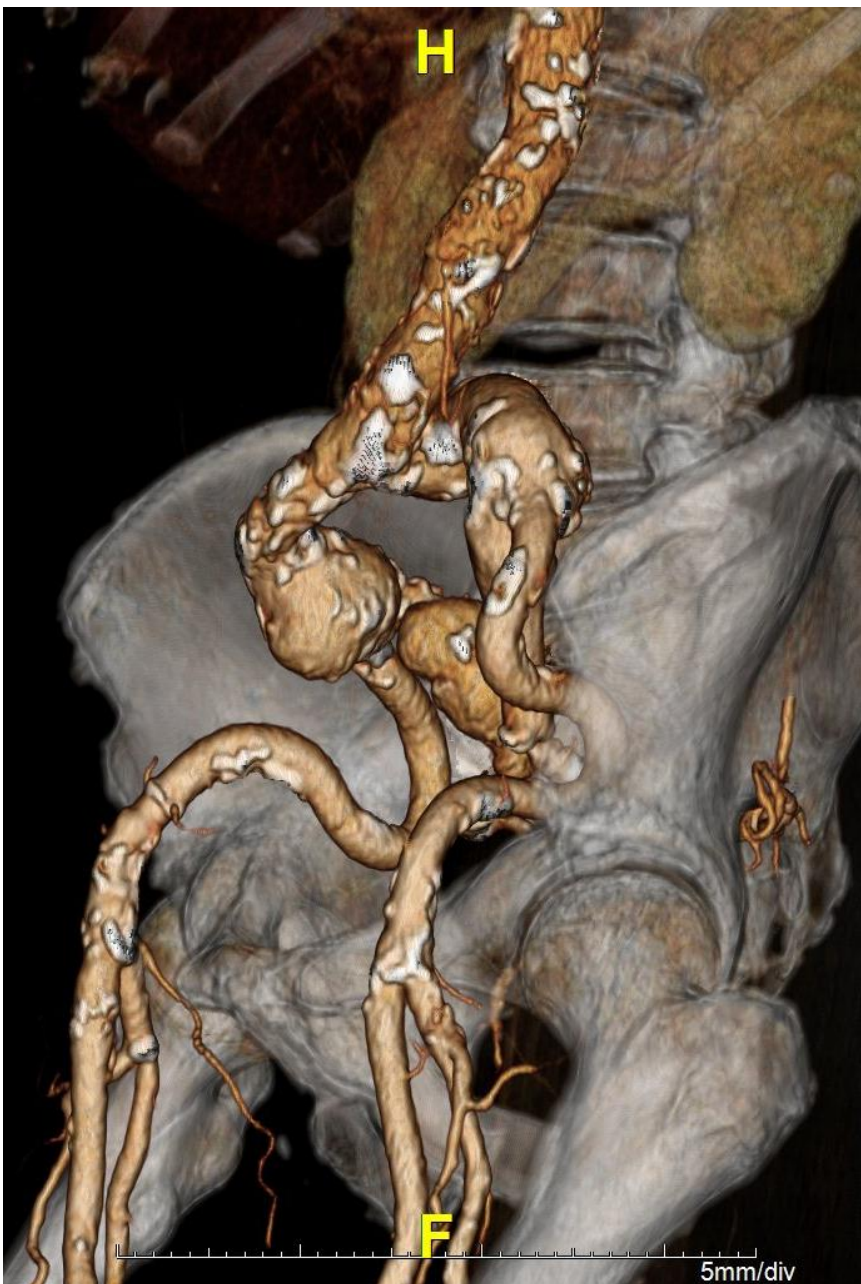
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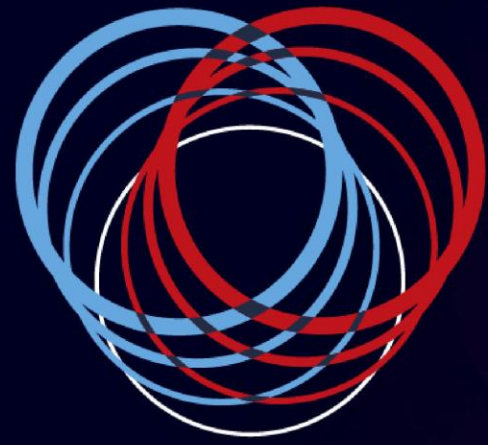
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Take home messages

- Preserve hypogastric flow whenever possible in most
- (Superior) Gluteal artery landing is a valuable option
- Careful planning is crucial
- Excellent results in selected anatomies





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