

# Fusion imaging to safely treat aortic dissections

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# **Disclosure of Interest**

Speaker name: HERTAULT A

I have the following potential conflicts of interest to report:

- Consulting
- Speaker

With GE Healthcare, Cook Medical

Not related to this presentation











Left renal perfused by two false lumens

CHU REIMS Discovery CT750 HD SCAN-HRD 1024x1024 CPR MPR Filter:None



Staged procedure

#### Additional TEVAR

#### Entry tear enlargment







chu Lille Hal Cardiologique DISSECTION MANAGEMENT

> Mag = 1.00 FL: ROT:

GE MEDICAL SYSTEMS Innova Vision Ex: Se: 16 Im: 54



Segment different volumes for different lumens

Stenting from renal to 1st false





#### New CTA for fen sizing







#### But since...



#### Define contours

Define targets

Define working positions







Frm 93

FOV 30.0 cm LAO 0.0 deg CRA 21.8 deg L 0.0 deg

1589838 WALLE Jean Paul



# Let's come back to the patient







# Let's come back to the patient







Entry tear in front of the SMA



# Graft plan





Identify Target Vessels ostia

Cross Section



CPR









Segment True & False lumens





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**Identify Reentry Tears** 



**Filler** 







**Identify Reentry Tears** 















Fine registration on RRA Use Fusion to access False Lumen





#### Use Fusion to access False Lumen





Catheterize the entry tear







Secure the access



Double puncture the valve & access the renal

Long sheath on the tat wire through the entry tear







#### Use True Lumen Access

Insert the endograft

#### Follow the secured path to the false







Bridge the False lumen



Proceed normally with the other fenestrations



### **Assess Technical Success**



#### 2D angio & CBCT





# Assess Technical Success

Postop CTA





# Take Home Message

What does Fusion add?

- In daily cases
  - Reduce exposure & Contrast
- In complex aortic repair (FEVAR/BEVAR)

   Identify target vessels ostia
- In dissection cases
  - Segment True/False lumen
  - Identify entry & re-entry tears
  - Secure navigation/catheterization

#### **MANDATORY in those difficult cases**



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