

# PROGRAMME

LEIPZIG  
INTERVENTIONAL  
COURSE

L I N C

Patrick Kelly

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Wednesday, January 29, 2014

## SCIENTIFIC POSTERS

### 09:30 – 10:50 Moderated poster round in front of the LINC studio

*JUROR:*

Ralph-Ingo Rückert

Dai-Do Do

- 09:30 – 10:35 Endovascular surgery/aortic
- 09:30 – 09:35 New approach to standard access in interventional procedures A. Kaledin
- 09:35 – 09:40 Comparison of the impact of open and endovascular abdominal aortic aneurysm repair on renal function A. Saratzis
- 09:40 – 09:45 Pevar: analysis of costs and benefits compared with femoral surgery access L. Garriboli
- 09:45 – 09:50 Lessons learned from mid-term result of hybrid arch TEVAR and its solutions H. Matsuda
- 09:50 – 09:55 Long-term outcome of endovascular repair for elective and ruptured abdominal aortic aneurysms; a 15-year single centre experience P. Broos
- 09:55 – 10:00 Surgical options in endograft infections M. Ruffino
- 10:00 – 10:05 Object of study and purpose: Persistent type II endoleaks (PT2) after EVAR have been shown to correlate with aneurysm sac expansion and increased need for secondary interventions F. Bontempi
- 10:05 – 10:10 The Aorfix stent graft – tackling challenging anatomy with favourable medium term outcomes K. Augustine
- 10:10 – 10:15 Robotic routing in complex aortic intervention  
Thomas Nolte
- 10:15 – 10:20 Two year experience repairing common iliac aneurysms with a modified endograft that compartmentalizes iliac flow through upstream bifurcation  
**Patrick Kelly**
- 10:20 – 10:25 Background: Endovascular aneurysm repair (EVAR) has been suggested in several studies to be superior to open surgery repair (OSR) for the treatment of ruptured abdominal aortic aneurysms (rAAAs), but this finding might be affected by selection bias based on aneurysm morphology and patient characteristics. We tested rAAA anatomy according to EVAR suitability in patients undergoing OSR to assess the impact on mortality F. Krenzien
- 10:25 – 10:50 Miscellaneous

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## Wednesday, January 29, 2014

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| 10:25 – 10:30 | Introduction – Supervised exercise therapy (SET) is the primary treatment for intermittent claudication (IC). The aim of this study was to calculate annual savings if a stepped care model (SCM, primary SET treatment followed by revascularization in case of SET failure) would have been followed H. Fokkenrood |
| 10:30 – 10:35 | The impact of Vascular Chronic Q fever Infections: lessons learned from the world's largest outbreak P. Broos  |
| 10:35 – 10:40 | Acute Mesenteric ischemia – surgical management and outcomes T. Sahu   |
| 10:40 – 10:45 | Clinical outcomes of less invasive endovascular treatment in the patient of peripheral arterial disease K. Hozawa  |
| 10:45 – 10:50 | Clinical results of infrapopliteal PTA and association of risk factors with primary patency and limb salvage in the patients of hemodialysis K. Hozawa   |

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Thursday, January 30, 2014

## SCIENTIFIC POSTERS

- 09:30 – 10:50**      **Challenging Cases and Complications - Moderated poster round in front of the LINC studio**  
*JUROR:*  
Peter Schneider  
Vicente Riambau
- 09:30 – 10:15      Endovascular surgery/aortic
- 09:30 – 09:35      Emergency repair of a giant renal arterio-venous fistula with a wideneck using amplatzer plugs A. Saratzis
- 09:35 – 09:40      Modified hybrid debranching technique to treat large subclavian artery aneurysm A.Saratzis
- 09:40 – 09:45      Bilateral iliac recanalization for management of limb ischemia in patient with type A aortic dissection P. Rodríguez
- 09:45 – 09:50      Endovascular repair for severe late failure of Zenith stent graft 2000 model S. Onozawa
- 09:50 – 09:55      Total endovascular repair of a ruptured abdominal aortic aneurysm with aortocaval fistula E. Willigendael
- 09:55 – 10:00      Complete endovascular aortic arch aneurysm repair  
**Patrick Kelly**
- 10:00 – 10:05      Struggling with delivery system removal: a challenging technical issue during endovascular aortic aneurysm repair (EVAR) for AAA with severe neck angulation K. Hongku
- 10:05 – 10:10      TAA or malignancy S. Navaratne
- 10:10 – 10:20      Miscellaneous
- 10:10 – 10:15      Endovascular treatment pseudoaneurysm of the right iliac artery with arteriovenous fistula arose after spinal disc surgery M. Generalov
- 10:15 – 10:20      Thoraco-abdominal dissection and thrombosis of the aortic graft in a patient previously treated for acute type B dissection. A. Malaj
- 10:20 – 10:35      PVD/aorto-iliac
- 10:20 – 10:25      Muscular flap for treatment of secondary aorto-esophageal fistula after thoracic endovascular aortic repair J. Ruiz
- 10:25 – 10:30      Endovascular treatment of massive hemoptysis by bronchial artery embolization A. Svare

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## Thursday, January 30, 2014

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| 10:30 – 10:35 | Evar in pelvi kidney A. Lemos Junior  |
| 10:35 – 10:40 | PVD/below the knee  |
| 10:35 – 10:40 | Complex btk treatment: recanalization via a collateral artery - what is possible with modern guidewires and catheters? C. Lütke |
| 10:40 – 10:50 | PVD/femoro-popliteal  |
| 10:40 – 10:45 | Complications bonded to popliteal artery injury are a rare event that can occur during or after the knee surgery L. Garriboli   |
| 10:45 – 10:50 | Complete endovascular iliofemoropopliteal recanalisation B. Moors   |

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Thursday, January 30, 2014

## GLOBAL EXPERT EXCHANGE

12:35 – 13:05

### Challenging EVAR cases and complications – Part II

*CHAIRMAN:*

Piergiorgio Cao

**Patrick Kelly**

*MODERATOR:*

Dieter Raihnel

Ralph-Ingo Rückert

12:35 – 12:40

Outcomes of intentional left subclavian artery coverage during TEVAR in patients with traumatic aortic injury – a quality of life study

12:40 – 12:45

Repair of innominate artery pseudoaneurysm and tracheo-innominate fistula with a modified endovascular graft

12:45 – 12:50

Novel measure to counter access trouble in TEVAR cases - external iliac artery approach using TRIMLINE vertebral retractor

12:50 – 12:55

First-in-man use of Endologix VELA cuff: Our initial experience with the world's first four cases

12:55 – 13:00

Contra-lateral limb cannulation technique during EVAR for hostile neck

13:00 – 13:05

Techniques for successful percutaneous EVAR

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Friday, January 31, 2014

## MAIN ARENA 1

09:00 – 12:15

### Critical issues in aortic endografting

*CHAIRMAN:*

Michel Makaroun  
Roberto Chiesa

*MODERATOR:*

Marc van Sambeek  
Steven Kum  
Eric Verhoeven  
Giovanni Torsello  
Armando Lobato

09:00 – 09:20

Live case transmission from Münster

09:20 – 09:28

EVAR improves outcomes of elective and ruptured AAA

Marc Schermerhorn

09:28 – 09:36

Scientific and clinical value of contemporary EVAR post market registries: The ENGAGE case example

Hence Verhagen

09:36 – 09:44

Long-term results with the Endurant stentgraft: The Muenster single center experience with 700+ patients

Theodosios Bisdas

09:44 – 09:52

The real life GORE® GREAT registry: Latest clinical evidence and ongoing modules

Patrick Vriens

09:52 – 10:00

TREOVANCE in EVAR: Latest results on ADVANCE, BENEFIT and RATIONALE clinical studies

Vicente Riambau

10:00 – 10:08

Multicenter registry to evaluate the performance of chimney and periscope grafts

Konstantinos Donas

10:08 – 10:16

Thinking out of the box: innovative solutions for challenging EVAR cases - Nellix and beyond

Dittmar Böckler

10:16 – 10:44

Live case transmission from Leipzig

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### Friday, January 31, 2014

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| 10:44 – 10:52 | One year experience with complete endovascular repair of thoracoabdominal aneurysms by compartmentalizing aortic flow<br><b>Patrick Kelly</b> |
| 10:52 – 11:00 | Custom-made vs. off-the-shelf multibranched endografts for endovascular repair of TAAA<br>Via satellite from Münster<br>Martin Austermann     |
| 11:00 – 11:08 | My experience with parallel graft techniques as an off-the-shelf solution for complex aortic aneurysms<br>Armando Lobato                      |
| 11:08 – 11:16 | Update on understanding and management of PAU and IMH<br>Frank Criado   |
| 11:16 – 11:24 | Retrograde Type A dissections after EVAR – insights from surgical re-do procedures<br>Michael Borger  |
| 11:24 – 11:43 | Live case transmission from Münster   |
| 11:43 – 11:51 | Prevention and treatment of Type I endoleaks with the Aptus system<br>Piotr Kasprzak  |
| 11:51 – 11:59 | Late Type I endoleak are better treatable by chimneys<br>Konstantinos Donas   |
| 11:59 – 12:07 | Innovative system for iliac branch procedures: The new GORE® EXCLUDER® iliac branch endoprosthesis<br>Fabio Verzini                           |
| 12:07 – 12:15 | 9-year experience with the use of iliac side branch devices in more than 160 patients<br>Giovanni Torsello                                    |

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Friday, January 31, 2014

## TECHNICAL FORUM

### 09:00 – 12:00 **Challenging cases and complications: Great saves and big disasters**

*CHAIRMAN:*

Giancarlo Biamino

*MODERATOR:*

Claudio Rabbia

Chris Metzger

Gioachino Coppi

09:00 – 09:05 Introduction by the chairman

09:05 – 09:13 Endovascular treatment is an accurate option for aortoenteric secondary fistula in TASC D patients  
Enrique San Norberto-García

09:13 – 09:21 Complete endovascular repair of an arch aneurysm by compartmentalising aortic flow: a case report  
**Patrick Kelly**

09:21 – 09:56 Live case transmission from Leipzig

09:56 – 10:04 Endovascular approach in traumatic abdominal aortic injury in a 9 year old child  
Konstantinos Papazoglou

10:04 – 10:12 We report the treatment of a 77 years old patient with painful expansive thoracoabdominal aneurysm using a novel endovascular treatment with a quadruple layer stent technique  
Bruno Freitas

10:12 – 10:20 Cannulation of visceral vessel of type IV thoracoabdominal aneurysm after malposition of the main branched graft: case report  
Gioachino Coppi

10:20 – 10:28 Treatment of a perirenal aortic aneurysm without iliaco-femoral access followed by branched endograft infection caused by an aortoduodenal fistula  
Reinhard Kopp

10:28 – 10:36 Vascular malformations - overview and treatment options  
Robert Clemens

10:36 – 11:06 Live case transmission from Leipzig

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## Friday, January 31, 2014

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| 11:06 – 11:14 | Usefulness of percutaneous direct needle puncture technique during recanalization of heavily calcified plaques of hemodialysis patients.<br>Tomoyasu Sato |
| 11:14 – 11:22 | Challenges while excluding supra-aortic aneurysms with difficult proximal control<br>Ahmed Sayed  |
| 11:22 – 11:30 | Emergent triple back table graft fenestration for chronic dissection with rapid expansion<br>Claes Forssell   |
| 11:30 – 11:55 | Live case transmission from Leipzig   |
| 11:55 – 12:00 | Conclusion and Adjourn  |

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