**GLOBAL EXPERT EXCHANGE**

**12:30 – 14:00**  
**Challenging EVAR cases and complications – Part I**

**CHAIRMAN:**  
Piotr Kasprzak

**CO-CHAIRMAN:**  
Mario Lachat

**MODERATOR:**  
Sven Seifert  
Carlo Setacci  
Dieter Raithel  
Eric Ducasse

12:30 – 12:36  
Introduction by the chairman

12:36 – 12:42  
Chimney technique in challenging anatomies  
Hazem Habboub

12:42 – 12:48  
Optimizing the accuracy of the Trivascular ovation aortic aneurysm stent graft in short neck situations: A novel pre-deployment use of contrast enhanced visualization of the main body seal zone  
Steve Henao

12:48 – 12:54  
Aortic stent grafting with preservation of the inferior mesenteric artery – 2 cases  
Donald Jacobs

12:54 – 13:00  
Fenestration technique of iliac artery covered stent: purpose and clinical significance  
Huagang Zhu

13:00 – 13:06  
Strategy for tortuous iliac curvature to accomplish EVAR for infrarenal AAA: Use of peripheral stent-graft as a bridge  
Nam Yeol Yim

13:06 – 13:12  
Endovascular repair of ruptured abdominal aortic aneurysms is superior to open repair in risk stratified patients: a look at the United States experience through the SVS vascular quality initiative 2003–2013  
William Robinson

13:12 – 13:18  
Ascending aortic pseudoaneurysm following aortic valve replacement and sternal wound infection  
Jeffrey Slaiby

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*We are asking all faculty members to strictly respect the given time limits.*
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:24 – 13:30</td>
<td>Upward displacement of Talent aortic endograft presented with ruptured aneurysm</td>
<td>Mohammad Hosni</td>
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<tr>
<td>13:30 – 13:36</td>
<td>Disseminated intravascular coagulation after endovascular aneurysm repair in patient with hostile neck</td>
<td>Young-Hwan Kim</td>
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<tr>
<td>13:36 – 13:42</td>
<td>SMA dissection with acute occlusion, after emergent EVAR for symptomatic AAA</td>
<td>John Phillips</td>
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<tr>
<td>13:48 – 13:54</td>
<td>Chimney combined with periscope technique to treat an acute aortic dissection patient with aberrant right subclavian artery</td>
<td>Wei Ye</td>
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<tr>
<td>13:54 – 14:00</td>
<td>Discussion and conclusion</td>
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