

# PROGRAMME

LEIPZIG  
INTERVENTIONAL  
COURSE

L I N C

Olaf Richter

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Wednesday, January 23, 2019

## ROOM 2 - MAIN ARENA 2

- 08:00 – 09:15**      **Complex iliac artery aneurysms – current techniques for endovascular repair**  
*MODERATOR:*  
Giovanni Torsello  
Jan Brunkwall  
*PANEL:*  
Spiridon Botsios  
Fabio Verzini  
**Olaf Richter**
- 08:00 – 08:06      Results of the multicenter pELVIS registry for isolated common iliac aneurysms treated by the iliac branch device  
Giovanni Pratesi
- 08:06 – 08:12      Bilateral use of the Gore IBE device for bilateral CIA aneurysms and a first interim analysis of the prospective Iceberg registry  
Michel Reijnen
- 08:12 – 08:18      Long-term outcomes of the COOK IBD for iliac artery aneurysms  
Giovanni Federico Torsello
- 08:18 – 08:46      Live case transmission from Münster  
St. Franziskus Hospital Münster - Live case center
- 08:46 – 08:52      Iliac branch device GoWell: a prospective, multiple centers research results from China  
Wei Guo
- 08:52 – 08:58      Sandwich technique for treating AAAs involving the common Iliac bifurcations: Experience with 151 hypogastric revascularisations: Lessons learned  
Jan Brunkwall
- 08:58 – 09:04      Overtaking technical and anatomical challenges of preservation in the treatment of iliac aneurysmal disease  
Giovanni Pratesi
- 09:04 – 09:10      Bilateral iliac aneurysm: what to preserve?  
Jan Heyligers
- 09:10 – 09:15      Discussion and conclusion

**We are asking all faculty members to strictly respect the given time limits.**

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Friday, January 25, 2019

## ROOM 1 - MAIN ARENA 1

- 09:00 – 13:00**      **Critical issues and pioneering solutions in aortic endografting - Join us for brunch, served from 08:45am until 11:00am**  
*MODERATOR:*  
Martin Malina  
*PANEL:*  
Marc van Sambeek  
Thomas Larzon  
**Olaf Richter**  
Frank Veith  
*LIVE FROM MÜNSTER:*  
Martin Austermann
- 09:00 – 09:08      Treatment of ruptured aortic aneurysms – surgery vs. EVAR  
Marc van Sambeek
- 09:08 – 09:16      Why the randomized trials comparing EVAR with open repair for ruptured AAAs are misleading and not generally applicable  
Frank Veith
- 09:16 – 09:24      With adjuncts (Chimney grafts and Onyx) 100% of RAAAs can be treated by EVAR with low 30-day mortality and turn down rate  
Thomas Larzon
- 09:24 – 09:32      R-EVAR is it feasible, how to deal with abdominal compartmental syndrome, pros and cons  
Mohamed Ismail
- 09:32 – 09:40      Leaking huge AAA and bilateral iliac aneurysms. How vascular plugs help to save life during emergency EVAR  
Magdy Haggag
- 09:40 – 09:48      Physician modified endograft (PMEG) for EVAR  
Taeseung Lee
- 09:48 – 09:56      Urgent endovascular treatment of left uretero-iliac fistula in patient with radical cystectomy and ileal conduit urinary diversion  
Santiago Estebanez

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## Friday, January 25, 2019

- |               |   |
|---------------|---|
| 09:56 – 10:04 | An expansion of EVAR by EVAS: a possibility in emergencies<br>Maria Terzibaschian   |
| 10:04 – 10:12 | Management of infected aneurysms and grafts<br><b>Olaf Richter</b>  |
| 10:12 – 10:20 | A successful treatment of an infected saccular aortic aneurysm (PAU) by Chimney- EVAS: Case report<br>Sotirios Goulas                               |
| 10:20 – 10:28 | Tips and tricks for obtaining supraceliac aortic control with EVAR for ruptured AAAs: it is not simple<br>Frank Veith                               |
| 10:28 – 10:36 | Trouble shooting and bail-out in FEVAR/BEVAR<br>Eric Verhoeven  |
| 10:36 – 10:44 | Nobilizing the chEVAR experience through standardization; How a standard approach improves patient outcomes<br>Peter Holt                           |
| 10:44 – 10:52 | Emergent use of an arch branch device to treat an ascending aortic rupture with use of a branch-to-branch through-and-through wire<br>Ahmed Eleshra |

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