

Session 3: Transverse Arch

How should FET be used
in Chronic Dissection?

Houston 2026

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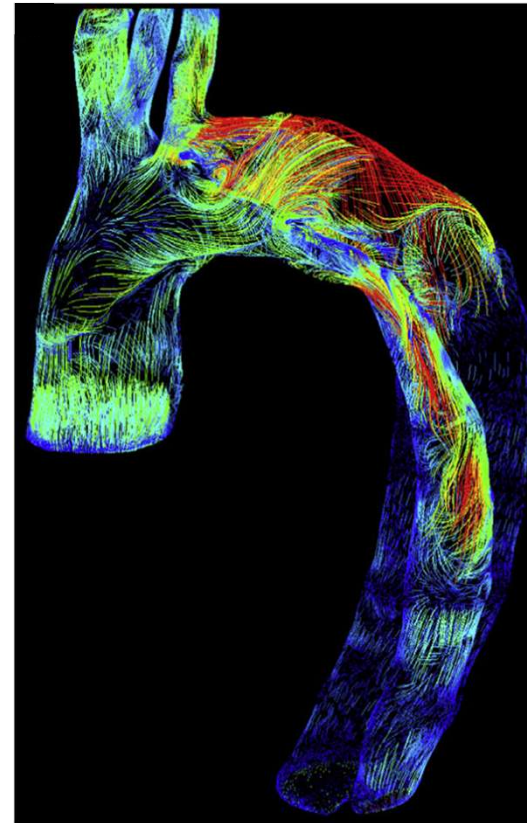
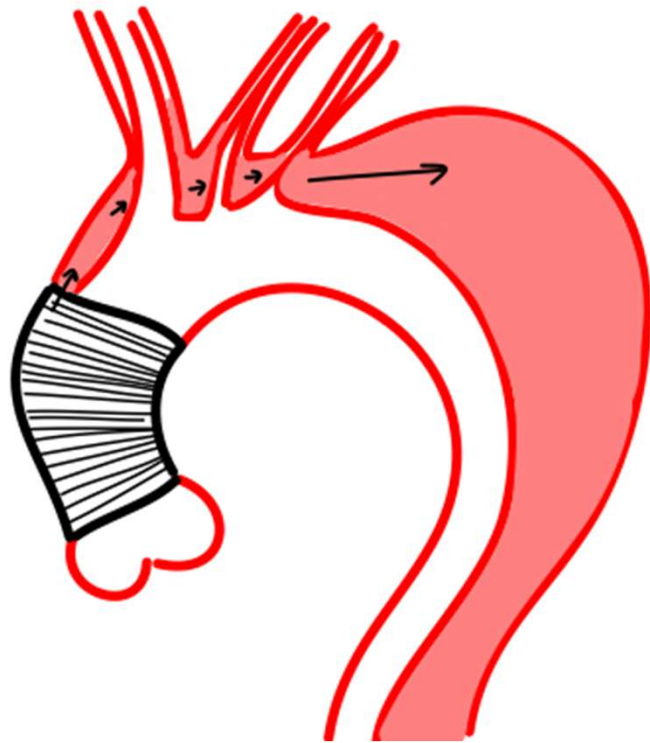
Disclosures

Speaker fees from Terumo Aortic

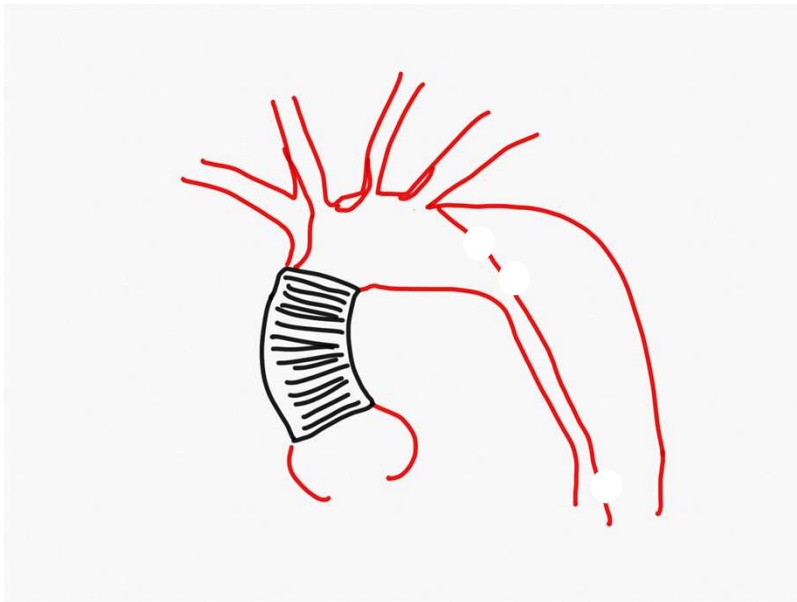
Outline – how should FET be used?

1. **What is the problem?**
2. **Advantages of FET**
3. **Short video to highlight a couple of technical points**
4. **Outcomes of FET in chronic dissection**

What is the problem?



Chronic dissection



Arch is a mess, arch branches also diseased

Connections between TL and FL

Maximal dilatation is proximal descending, adjacent to the LSA

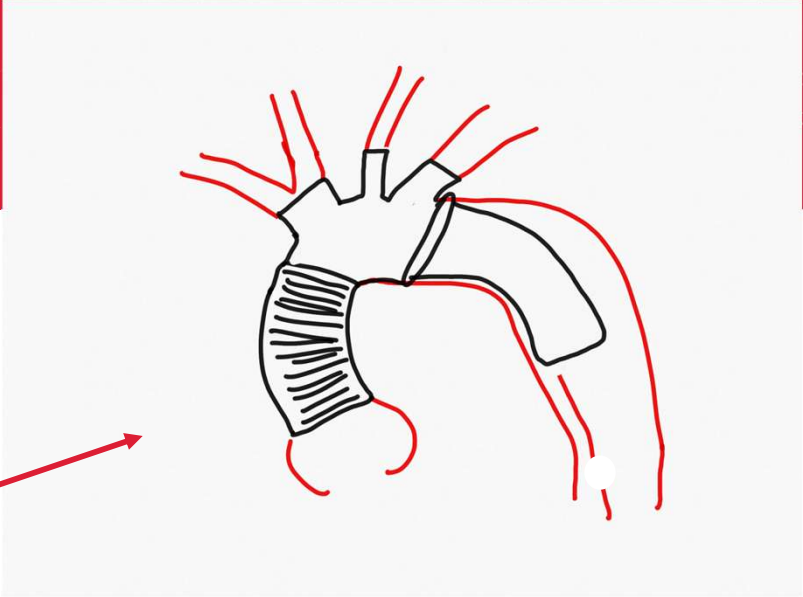
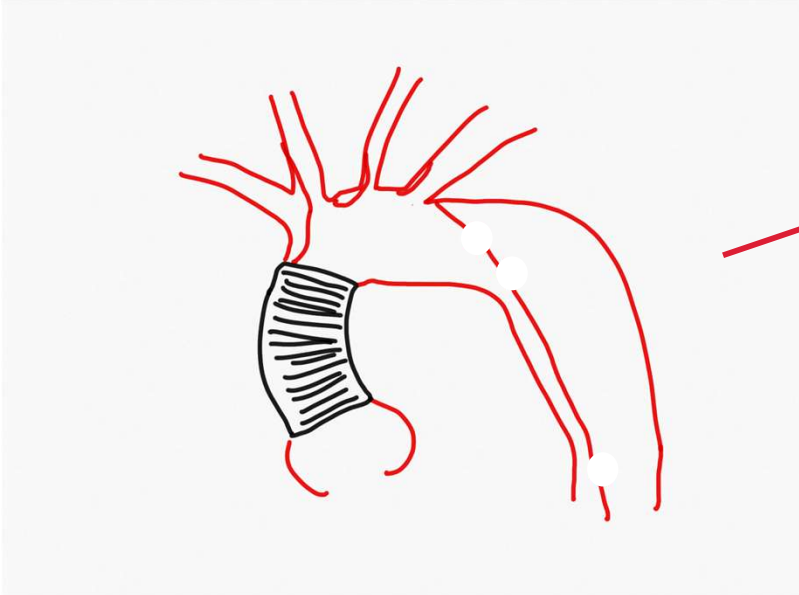
TL is compressed

Septum is thickened and stiff

Distal connections

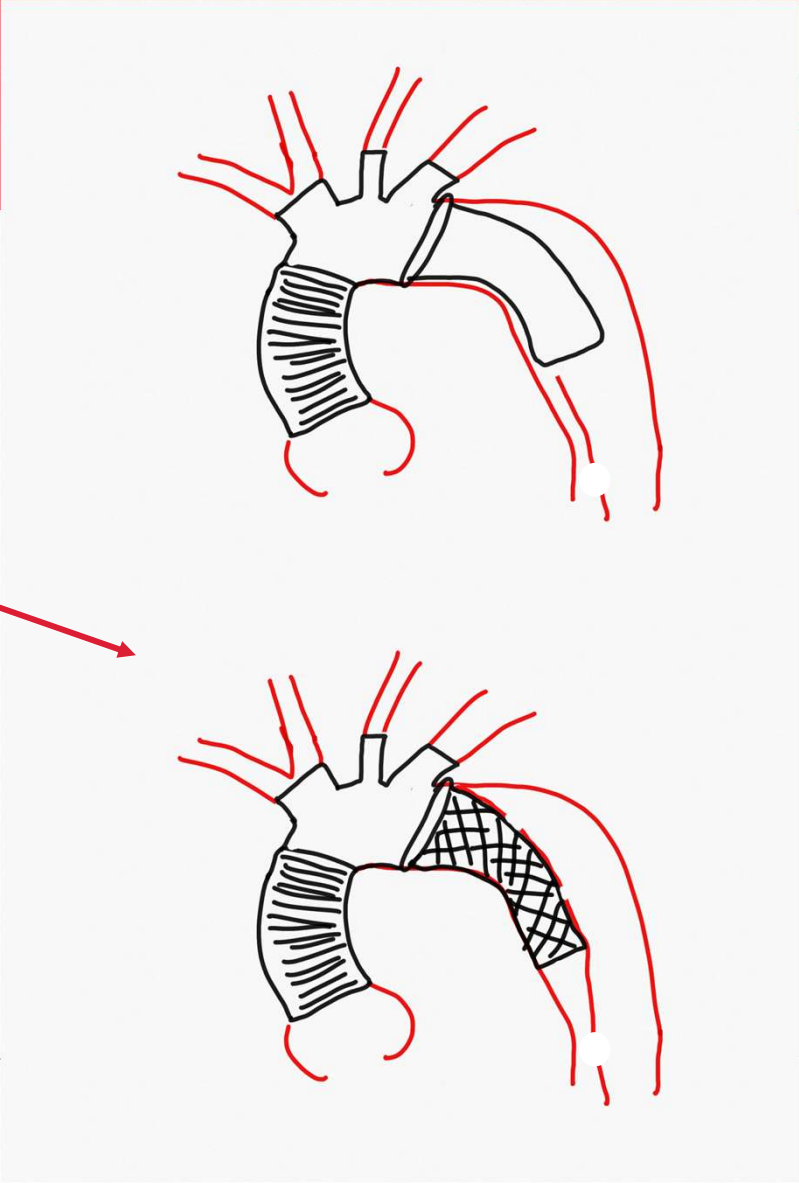
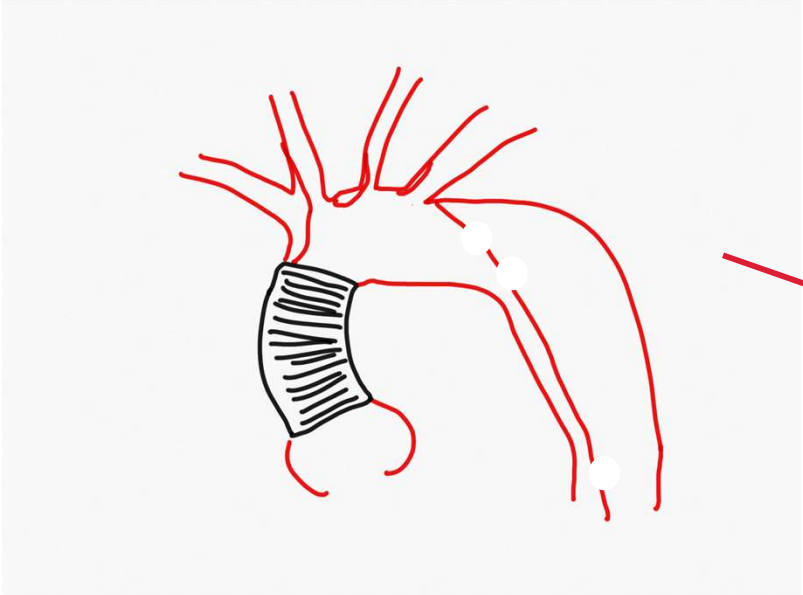
Distal chronic malperfusion

Chronic dissection



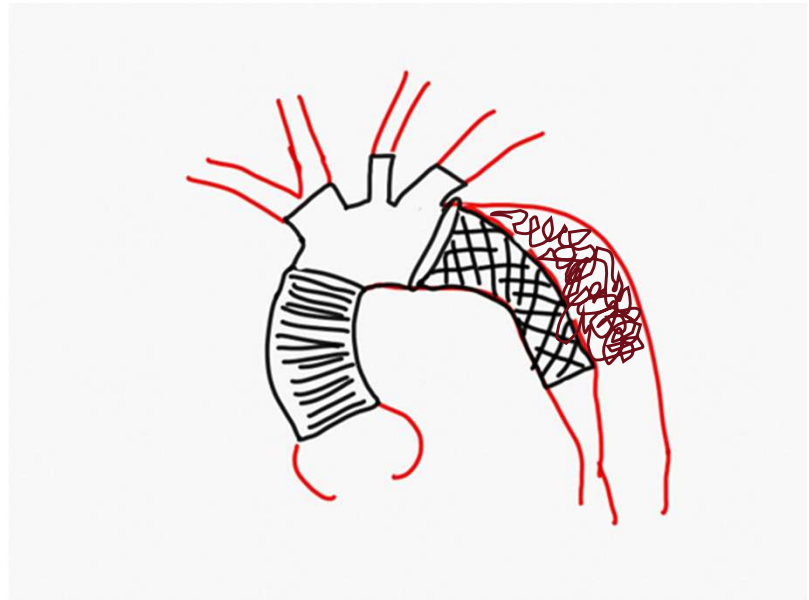
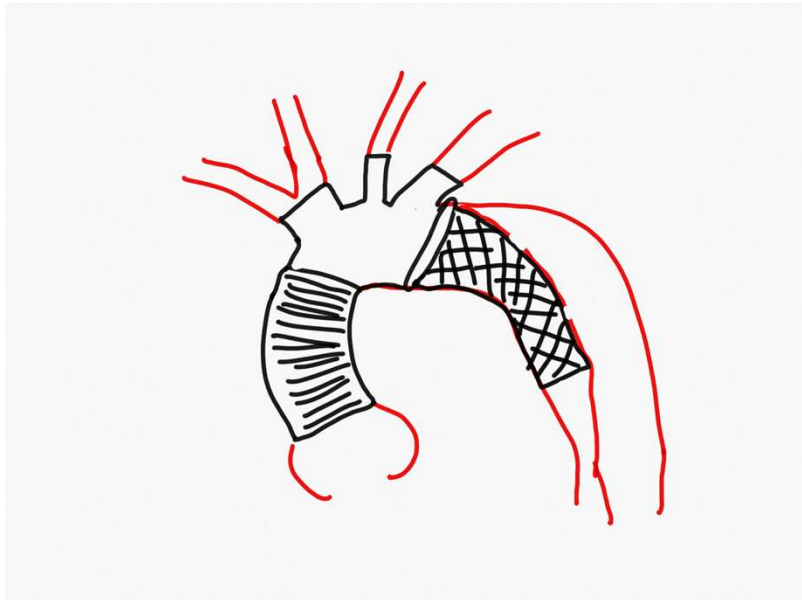
Conventional
ET

Chronic dissection



Conventional
ET

FET



Advantages of FET

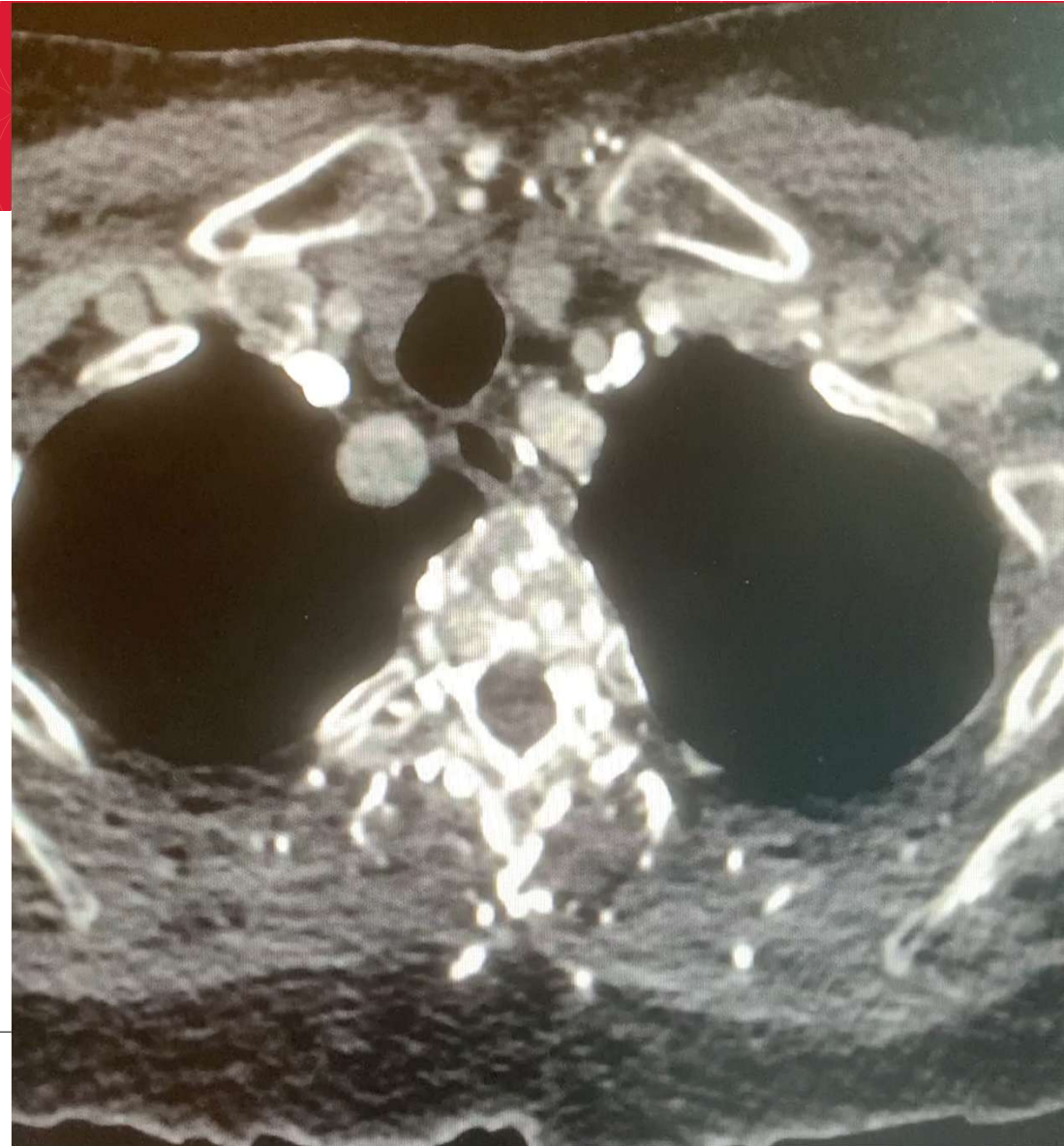
1. **Anatomical replacement of the diseased aortic arch and its branches**
2. **Closes connections between the true lumen and false lumen**
3. **Directs blood flow to the true lumen, promoting FL thrombosis (not obliteration)**
4. **Low radial force (less D-SINE)**
5. **Sets up stable landing zone for subsequent endovascular intervention**
6. **No possibility for Type Ia endoleak**

Real life case

68-year-old lady

Type A dissection 3yrs previous,
repaired by “Hemiarch”

Now with 7cm proximal
descending



Real life issues

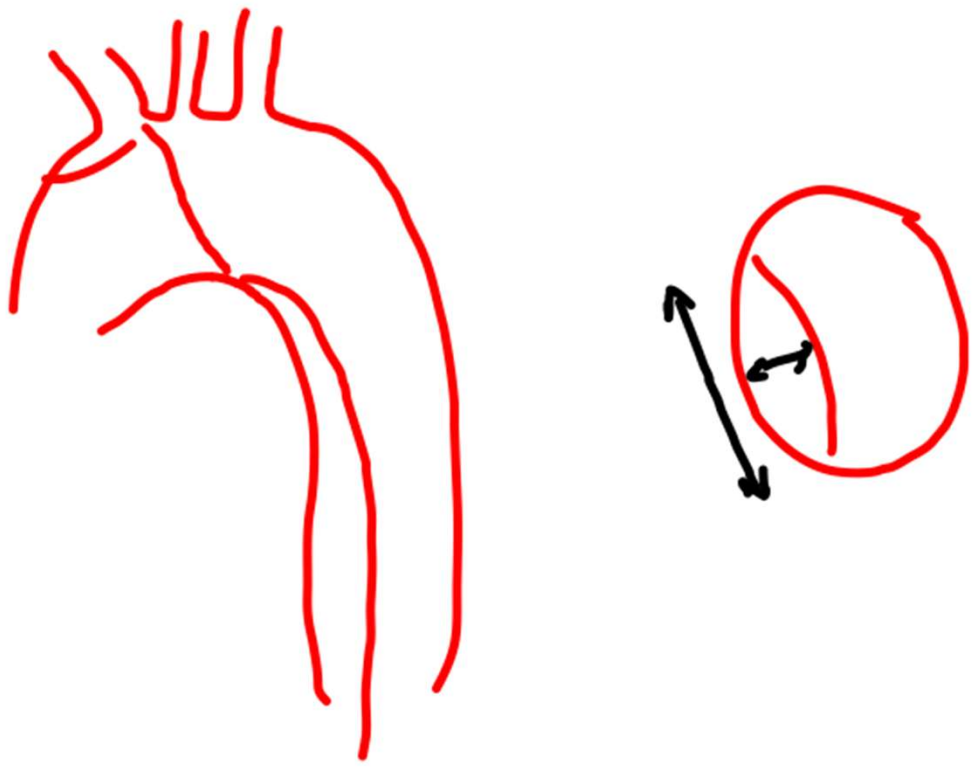
Slit like TL

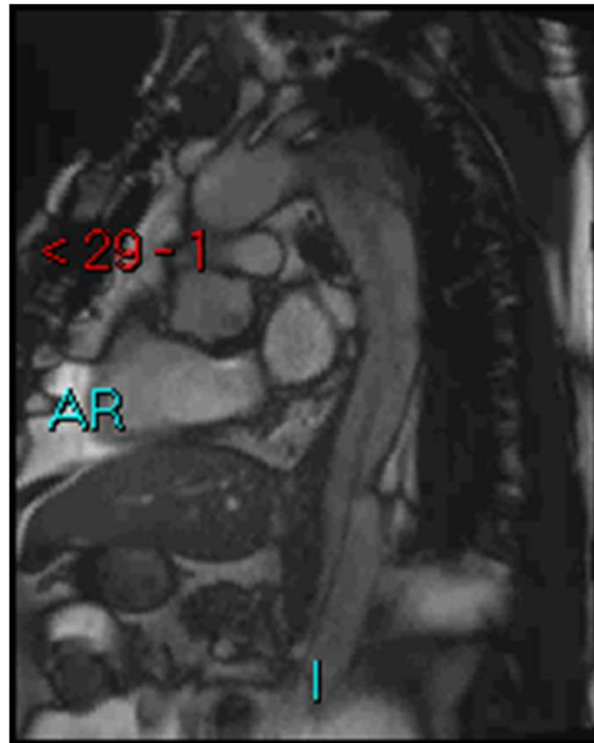
Large proximal descending communication

Obliterated TL

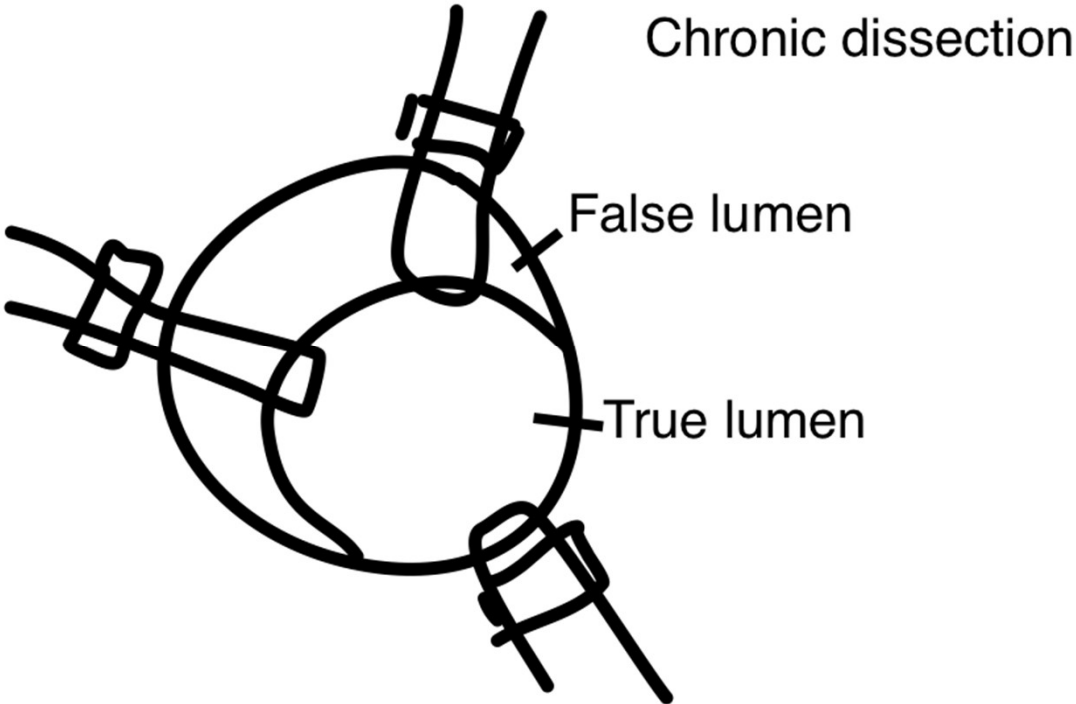
Good things: LSA central, not dissected; long ascending graft

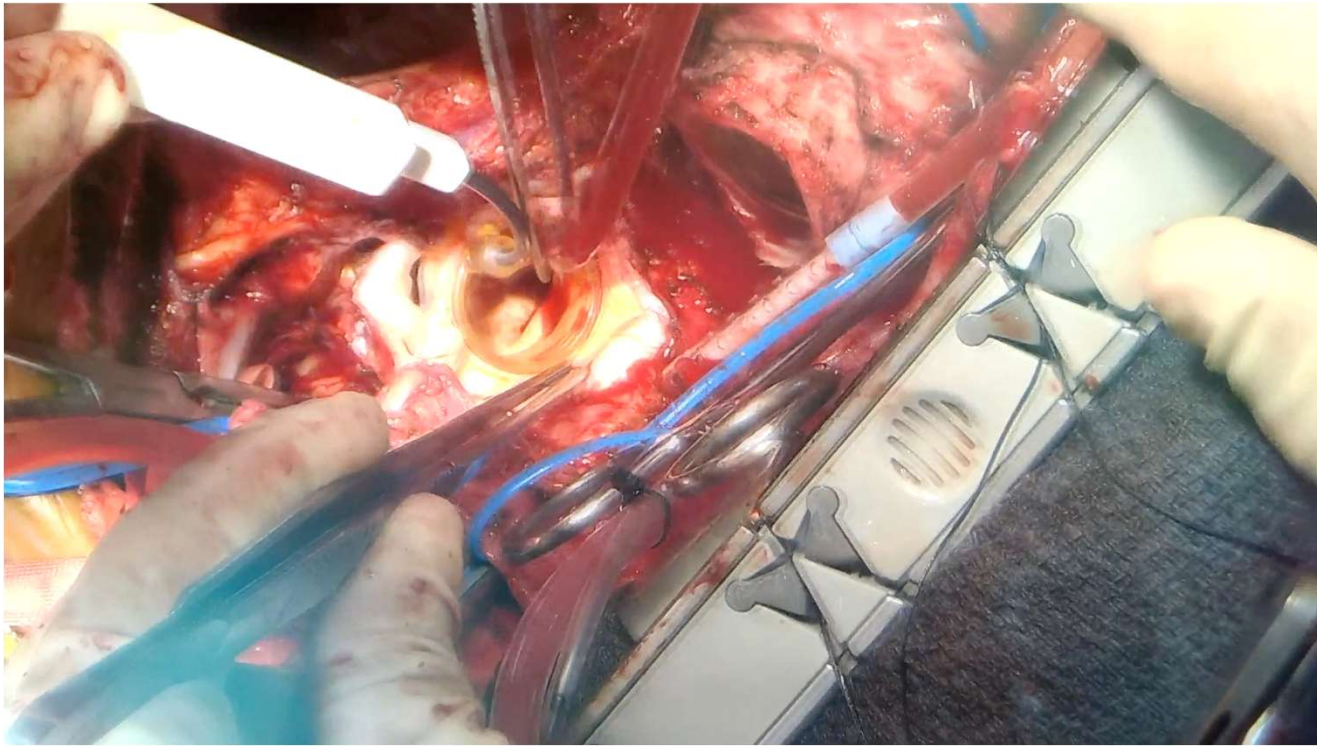
Sizing - chronic dissection



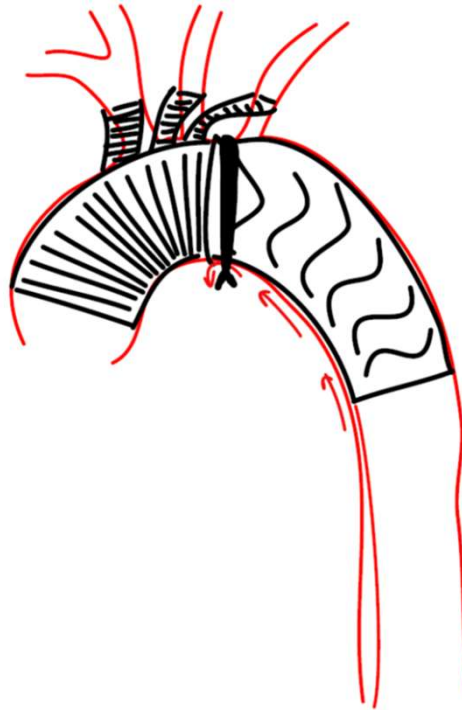


Distal Arch Setup

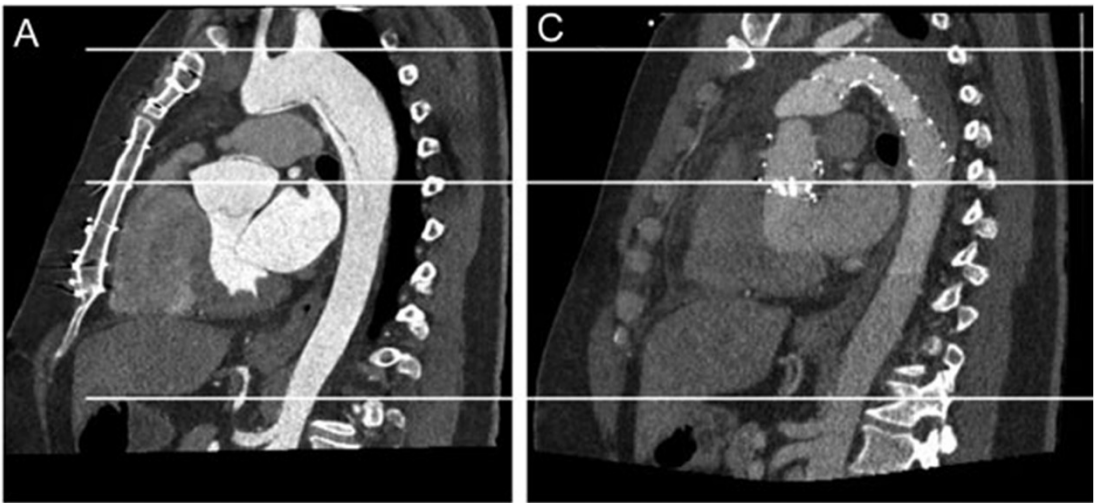




Hemostasis adjunct

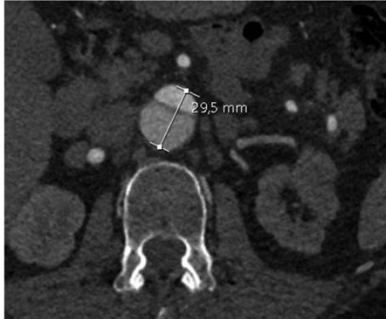
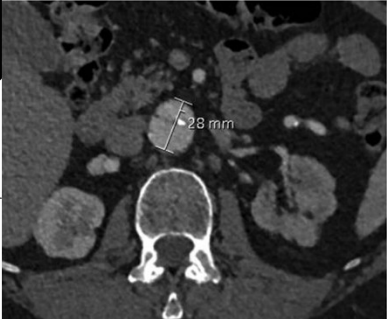
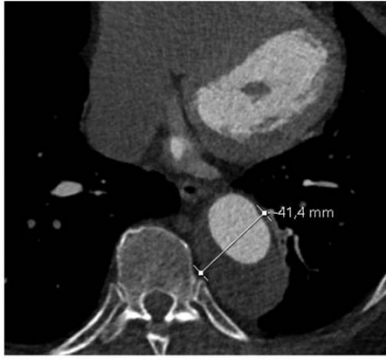
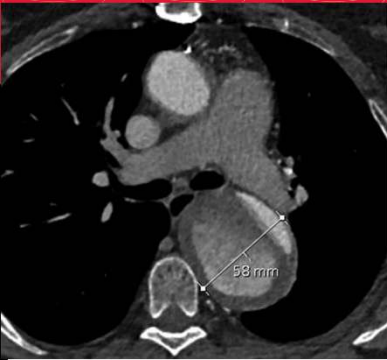


Results



FL thrombosis	
Discharge 70-73%	1-2yr F/U 92-99%
28-42%	48-78%
13%	6-52%

Positive remodeling



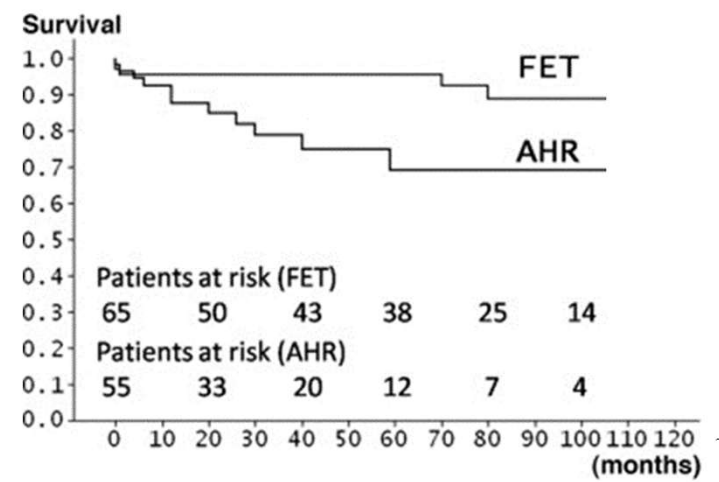
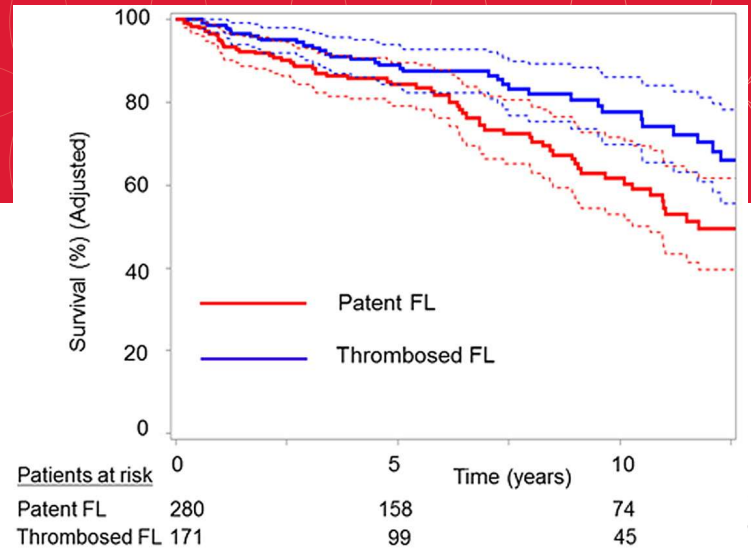
Outcomes

	n	op mortality	stroke	paraplegia
• Arnold 2023	49	6.1	8.2	4.1
• Chu 2019	40	5	5	0
• Fiorentino 2021	28	0	14	0
• EXTEND 2026	82	5.2	3.7	0

Prevention is better than cure?

Prevention

- FET at time of Type A dissection repair
- Lower threshold for TEVAR in acute Type B



Unexplained Severe Pain?

**THINK
AORTA**

Aortic Dissection is an emergency
that is often fatal when missed

CT Scan for definitive diagnosis

Thank you
for
your attention

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**THINK
AORTA**

Aortic Dissection is an emergency
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CT Scan for definitive diagnosis

www.thinkaorta.us

To transfer a patient for evaluation of aortic disease including
emergent AORTIC DISSECTIONS call:

 **Cedars Sinai** Aortic Hotline 310-600-1090
Smidt Heart Institute

Family History:

- Aortic Aneurysm, Aortic Dissection
- Unexplained Sudden Death

Symptoms:

- Chest or abdominal pain
- Numbness or Weakness in any limbs
- Syncope

Pain Can Be:

- Sharp, tearing, ripping, sudden onset
- Migratory and transient

Risk Factors:

- Aortic Aneurysm
- Hypertension
- Bicuspid Valve

**Physical Exam with
Aortic Dissection:**

- Difference in BP, temperature
and strength in both arms/legs
- Stroke-like symptoms
such as confusion or syncope
- New heart murmur