



# A Novel Reintervention Strategy for a Rare Case of Visceral Branch Dislodgement After Thoracoabdominal Branched Endovascular Repair

DATE: March 7<sup>th</sup> 2026 PRESENTED BY: Colleen Flanagan, MD | OHSU Vascular Surgery Fellow

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# Disclosures

- None

# Thoracoabdominal Branched Endovascular Repair (TAMBE)

## *Branch Dislodgement*

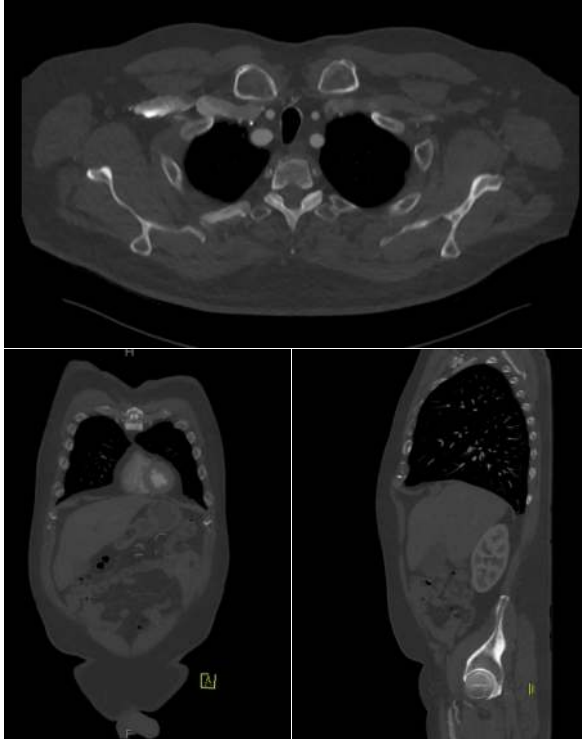
- Thoracoabdominal aortic aneurysms treatment
- Target Vessel Instability rates of renal vessels have been reported as 10-11% in 1 year follow up (Farber et al. 2025)



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# Case Report: Presentation & Index Operation

76yo male asymptomatic 5.5cm type 4 thoracoabdominal aortic



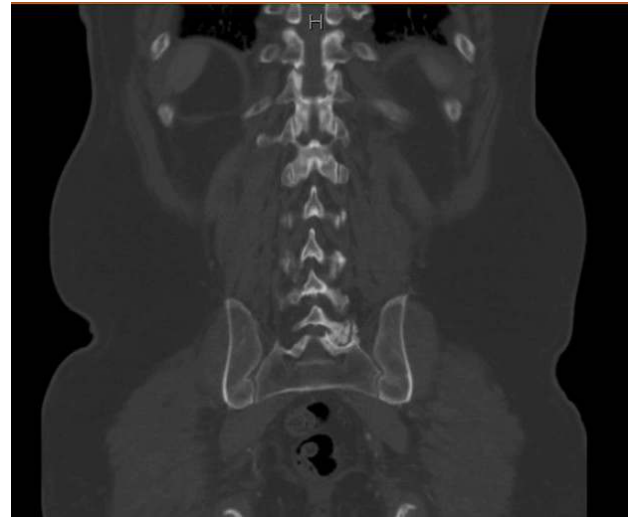
GORE TAMBE 37x20x160

- Celiac 7x59mm VBX
- SMA 8x79mm VBX
- **LRA 6x59mm VBX**
- **RRA 6x79mm VBX, 8x20 Cook Zilver**

EVAR GORE Excluder 23x14.5x120  
with iliac limb extension

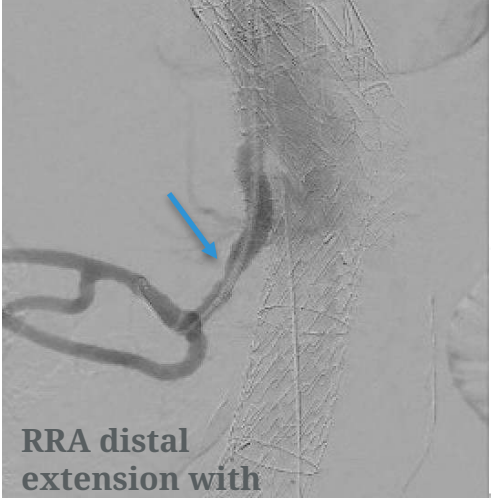
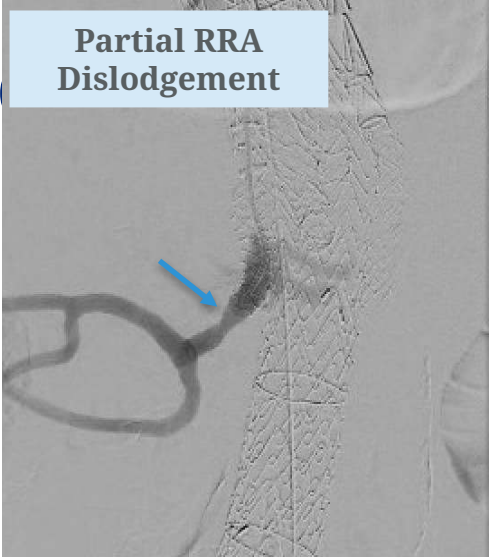
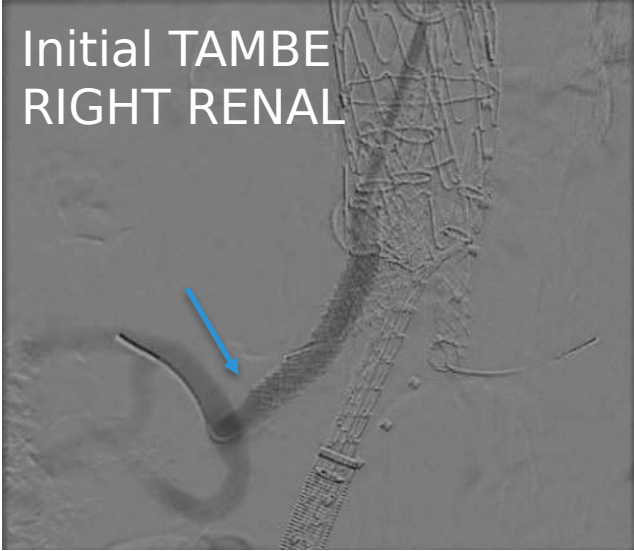
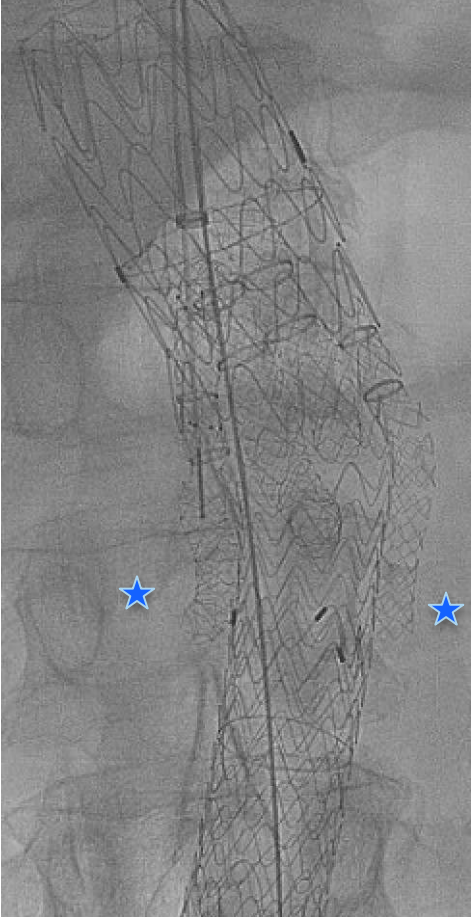
# Case Report: Traumatic Dislodgement

Two weeks post-op: ground level fall with right blunt torso impact



Complete dislodgement of LEFT renal, distal aspect of renal  
VBX 9mm caudal to renal origin resulting in **Type Ic**  
**endoleak**

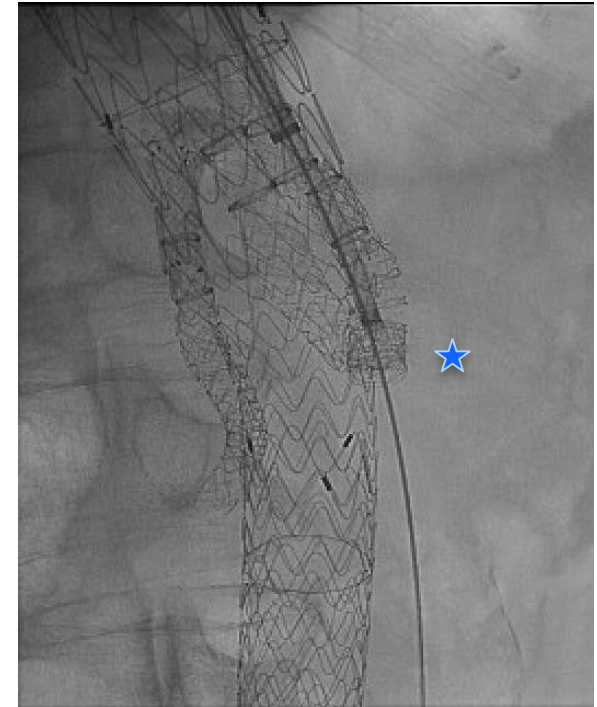
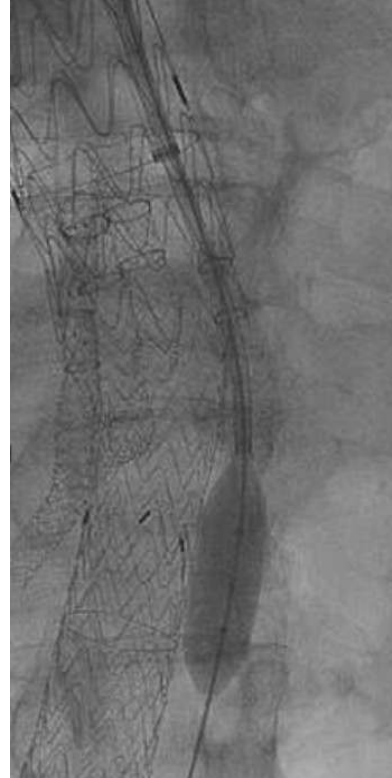
# Case Report: Reintervention



# Case Report: Reintervention

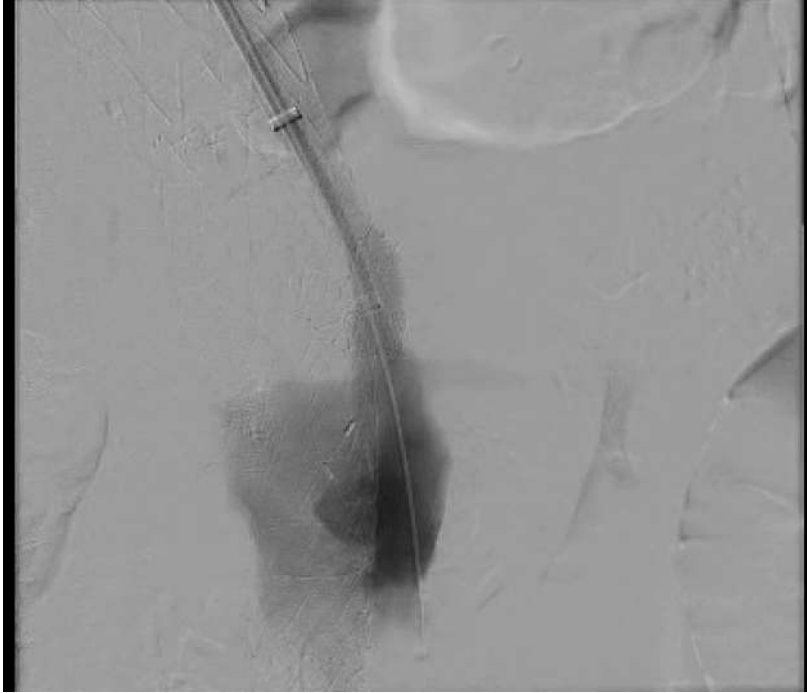
GORE Viabahn VBX 6x59mm  
max post-dilation is 8x52.3mm  
(GORE: Instructions For Use)

Complete LRA  
Dislodgement



1. Balloon dislodgement
2. Serial balloon dilation of with 8mm and 12mm

# Case Report: Reintervention



Left renal recoiled VBX now cephalad to origin allowing steerable sheath access to renal selection



Placement of 6x59mm VBX

# Rescue Technique of TAMBE Visceral Branch Instability/Dislodgement

- **Rare** occurrence of documented **traumatic dislodgement**
- **Reintervention Strategies**

## Recommended:

- Serial balloon angioplasty in order to foreshorten GORE VBX

## Not recommended:

- Balloon dislodgement within an balloon expandable stent



Thank You  
Questions?