Case Study

Covered endovascular reconstruction of aortic bifurcation (CERAB)





Female, 54 years, BMI 30. No pre-existing conditions. Smoker. Progressively worsening pain in both legs. Brought to ER due to critical ischemia of both legs.

Examination

Computed Tomography (CT)

Diagnosis

Leriche Syndrome, stage III

Can your c-arm show you images like this?

Capturing the aortic stent in AP view means highlighting a high-density structure (the stent) over another high-density object (the spine). The task is even harder when the patient size is larger.

Cios Alpha delivers excellent image quality with large BMI patients and complex views, without overheating the system and at a low radiation dose.



52 minute procedure time



80 mL



11 [Gy*cm²]



DSA to confirm total occlusion of the distal.



Live Graphical Overlay is used to mark renal arteries, balloon shoulders and aortic bifurcation to guide the next steps of the procedure.



Fully covered balloonexpandable stent graft implantation Bentley BeGraft aortic 12mm x 49mm.



Control DSA after CERAB shows a dissection in the left common iliac artery.



Deployment of 8x49mm balloon expandable iliac stent to exclude dissection.



Repetition of control DSA shows no dissection.

Explore our portfolio of mobile c-arms for vascular surgery

Our team. Built to support yours.



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