

# SYMPTOMATIC AORTIC ARCH CONTAINED RUPTURE



## PATIENT INFORMATION

A 78-year-old female patient was referred to the cardiology team at Royal Brompton Hospital, London, UK, for a surgical repair of her 142mm aortic arch aneurysm contained rupture (Fig. 1).



## REASON TO TREAT

Urgent treatment for a 142mm contained rupture in a patient unfit for surgery.



## DEBRANCHING

A RCCA to LCCA-LSA was surgically performed in preparation for the NEXUS by the vascular surgeon.



## NEXUS IMPLANTATION

The Nexus Aortic Stent Graft System was successfully deployed during an uneventful procedure with an optimal outcome (Fig 2).



## PROCEDURAL OUTCOME

Due to the minimally invasive nature of the procedure, the patient was able to leave her bed very quickly and was **discharged within a few days**, with her recovery time reduced from several weeks.



## SUCCESSFUL UK FIRST

“We’re delighted that this combined procedure went so well and achieved such a **terrific result** for our patient. It took careful planning and was made possible through a highly skilled, multidisciplinary team, involving surgeons, anaesthetists, radiologists and cardiologists and lots of supportive team spirit.

**We’re proud** to be the first in the UK to complete this pioneering procedure and look forward to establishing this innovative technique at the Trust so more patients can benefit.

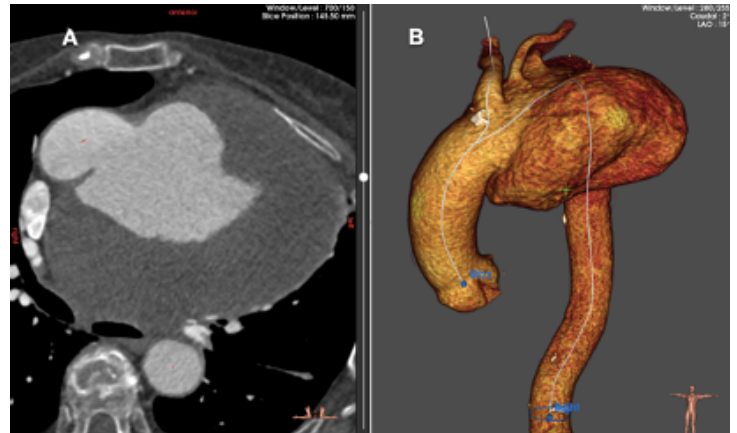


Figure 1.

(A) Computed tomography angiogram shows the extent of the mid aortic arch aneurysm.

(B) Three-dimensional reconstruction of the mid aortic arch aneurysm and the location of the supra-aortic vessels position in relation to the pathology.



Figure 2.

(A) Intra-operative final angiogram pre LSA plug and distal extension, shows exclusion of the contained ruptured aneurysm.

(B) Three-dimensional reconstruction of the NEXUS Aortic Arch Stent Graft System in place prior to patient discharge.



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