

2019, eight patients (two with previous aortic bare metal stenting, five with KS, and one with unilateral common iliac artery covered stent) were diagnosed with intermittent claudication and treated with CERAB technique. Lesion morphology was evaluated by the computed tomography angiography. All lesions were 2 TASC II B, 3 TASC II C, and 3 TASC D lesions. FU consisted of clinical assessment and duplex ultrasound at 1, 3, and 6 months of FU. Patency rates and clinically driven target lesion revascularization were calculated. **Results:** Technical success was obtained in all the procedures (100%). Primary patency at all scheduled FU was 100%. No complications were reported. There was no 30-day mortality. Median hospital stay was 1 day. **Conclusion:** The CERAB technique appears to be safe and feasible in the relining of failed aortoiliac stenting in complex occlusive disease. Longer FU and larger cohorts of patients are needed to confirm our preliminary results.

OR2.8

Single-Center Evaluation of Inferior Mesenteric Arterial Type II Endoleaks in Patient Undergoing Endovascular Aortic Aneurysm Repair for Infrarenal Abdominal Aortic Aneurysm

Syed Umair Mahmood, Syed Mustafa, Iftikhar Zaman, Asaad Osman, Abdullah Saeed

*University Hospitals Leicester, Leicester, United Kingdom.
E-mail: umair.mahmood@gmail.com*

Objectives: To evaluate the association of inferior mesenteric arterial (IMA) type II endoleaks in patients undergoing endovascular aortic aneurysm repair (EVAR) for infrarenal abdominal aortic aneurysm at our tertiary center. **Methods:** This was a retrospective single tertiary center evaluation study of all EVARs performed over 4 years (2014–2018). Information for analysis was gathered using RIS/PACS and ICE clinical systems. Imaging data included change in aneurysm sac size poststent-graft insertion, percentage of type of II endoleaks, causative vessels identified contributing to the endoleaks, patency, and ostial diameters of IMA pre-stent-graft insertion. **Results:** Four hundred patients underwent EVAR in 4 years. 10% (41) had type II endoleaks postprocedure. Of the type II endoleaks, 88% (36%) had a patent IMA in the pre-procedural computed tomography. The type II endoleaks were further subdivided into three groups – Group A: IMA with or without lumbar arteries ($n = 14$, mean IMA ostial diameter of 4.0 mm), Group B: lumbar artery ($n = 18$, mean IMA ostial diameter 3.7 mm), Group C: unspecified ($n = 4$, mean IMA ostial diameter 2.7 mm). 21% (3) had IMA embolized and 7% (1) had open repair due to sac size increase. No statistically significant difference was seen in the IMA ostial size between Groups A and B ($P = 0.6$). **Conclusion:** Our study demonstrates a higher incidence of type II endoleaks in patients with patent IMA and lumbar arteries pre-EVAR. However, in our cohort, the diameter of the IMA did not influence the development of IMA type II endoleaks.

OR2.9

Utility of Rotational Thrombectomy for the Management of Thrombosed Arteriovenous Shunts

Anderson H. Webb, Kurt Zacharias, Paul Ciowlek, Jonathan Lorenz, Rakesh Navuluri, Brian Funaki, Osmanuddin Ahmed

*University of Chicago, Chicago, United States.
E-mail: andersonhwebb@gmail.com*

Objectives: To assess the safety and efficacy of arteriovenous (AV) dialysis shunt thrombectomy utilizing a rotational thrombectomy device in patients with pseudoaneurysms refractory to the conventional “push-pull” method. **Methods:** Between July 2016 and August 2019, 34 dialysis shunt thrombectomy procedures were retrospectively examined (15 fistulas, 19 grafts) in 29 individual patients (13 males, 16 females, average age 64, and range 35–84). All patients presented with clotted accesses and had pseudoaneurysms that were refractory to angioplasty balloon sweeps (“push-pull”) to restore patency. The Cleaner® rotational thrombectomy device was used as a bail-out in all instances in an attempt to restore patency to the clotted shunt. Procedure success, complications, primary patency, primary-assisted patency, average number of shunt aneurysms, and average aneurysm size were documented and analyzed. **Results:** Thirty-three (97%) of the thrombectomy procedures were successful in restoring patency and facilitating same-day hemodialysis. An average of 1.5 aneurysms was treated per patient (range 1–3, standard deviation [SD] 0.65) with an average size of 15.0 mm (range 9.4–31.1, SD 4.87). A total of 5 (14.7%) documented postprocedural complications occurred, including one episode of bleeding which prompted activation of a rapid response team. No device-related complications were recorded. Among the 27 patients with follow-up, primary patency averaged 93 days (range 1–488 days) and primary-assisted patency averaged 91.0 days (range 1–564 days). Nine (26.4%) cases resulted in primary patency to the time of data collection. **Conclusion:** Rotational thrombectomy with the Cleaner® device appeared to be a safe and effective option for restoring patency to thrombosed AV accesses with pseudoaneurysms refractory to standard push-pull techniques with angioplasty balloons.

OR2.10

Ultrasonographic-Guided Needle-Directed Endovascular Management of Hemodialysis Arteriovenous Fistula and Graft: A Novel Technique

Konapala Chinmaya Deepak Patro, Yugandhar Samareddipalli¹, Amitha Vikrama²

*Artemis Hospital, Gurugram, Haryana, ¹Narayana Medical College, Nellore, Andhra Pradesh, ²Apollo Hospital, Bengaluru, Karnataka, India.
E-mail: dr.kcd89@gmail.com*

Objectives: Thrombosis of arteriovenous fistula/graft is a common cause of lack of vascular access for dialysis and is considered an emergency condition for dialysis patients. We used the low-cost technique of percutaneous needle-directed pulse-spray thrombolysis under ultrasound (US) guidance, which can be done