

# MEET 2016

---

## **Thursday**

BTK

Thoracic Aorta TAA

Abdominal Aorta AAA

Venous & thrombectomy

## **Friday**

Venous & thrombectomy

Carotids

FemPop & Ambulatory

Associate Faculty Program (oral & videos presentations)

# Thursday

---

## **Session 1 BTK**

8h-10h30

2h30

25mn

4' lecture : state of the art : ANGIOPLASTY BELOW THE KNEE (DCB/POBA)

7mn x 3

Case 1 / Case 2 / Case 3

Covering Materials (wires, catheters, balloons....) & Techniques (antegrade, retrograde with/without punctures, bidirectional, long occlusion recanalizations...)

25mn

4' lecture : state of the art : STENTING BELOW THE KNEE (BMS/DES)

Case 4 (regular case : focal lesion, dissection ostium tibial vessel)

Case 5 (difficulties : kissing? Yes/no...)

Case 6 (distal flow limiting dissection : to stent or not?)

18mn

4' lecture : state of the art : ANGIOSOME OR NOT ?

Case 7 (angiosome based)

Case 8 (not angiosome based)

18mn

4' lecture : state of the art : FUTURE OF DISTAL BYPASS-SURGERY

Case 9 (uncomplicated fantastic bypass)

Case 10 (complicated case, endovascularly impossible)

30mn

4' lecture : state of the art : WOUND CARE & OFF-LOADING

5mn - Case 11 – 12 – 13 – 14 – 15 : discussing principles of wound care off-loading

30mn discussion

## Session 2 : TAA

2h26 + 15mn x 2 discussion = 3h

11h00-12h45

13h45-14h35

### A réduire de 30mn

12 x 8 mn

MEET TAA program

MODERATORS : I Loftus, N Mangialardi, T Mastracci, I Van Herzeele

DEBATE

There is no U-turn for the endovascular treatment, I Loftus, London

There are dedicated indications for the surgical option! G Melissano

Hot Topic

My experience in arch fenestrated graft. I Loftus, London

Scallop-graft for the arch repair, my experience. JM Alsac, France

Chimps and regular devices are still a valuable option for Arch repair. S Ronchey, Italy

Endoleak management after type I endoleak for arch chimney. R Kolvenbach

Tips and Tricks

fEVAR and branch graft for aortic dissection repair. S Haulon, France

Aortic dissection: where is the important focus during first days/weeks? C Nienaber, London

Endovascular management (petticoat technique) for the type B dissection. L Canaud, France

False Lumen occlusion, technical aspects. T Kolbel, Germany

Hybrid repair for aortic dissection, indication and state of the art. M Lachat, Zurich

News from imaging and 3D-printing for aortic dissection comprehension. L Maene, Belgium

25mn

Real world AAA case extravaganza

Approximately 10 minutes per case x3 @8mn

How would you treat it?

Challenging scenarios that stump the experts

(I Loftus, T Mastracci, N Mangialardi....)

25mn

Points of interest

TEVAR guidelines and new frontiers. V Riambau, Spain

Technical points and stroke prevention during TEVAR and Arch repair. S Haulon

Real incidences of endoleaks after TEVAR. R Mc Williams

## Industry symposium

30mn

A caser

### Session 3 – AAA

MODERATORS : T Mastracci, B Mees, M Lachat

2h10 + 20mn discussion = 2h30

14h35-17h

9 x 8mn

#### DEBATE

Are we pushing too far the frontiers of EVAR? E Steinmetz, Dijon

There are no limits using EVAR for AAA! N Mosquera, Spain

#### Hot Topic

Best practice in fEVAR in 2016. Barend Mees, Maastrich

EVAS and chEVAS will replace EVAR and chEVAR. F Torella, Liverpool

Chimps and regular devices are still a valuable option. M Lachat, Zurich

#### Tips and Tricks

Management of the hypogastric artery during EVAR. R Fisher, Liverpool

Management of challenging iliac accesses and leg thrombosis prevention. A Mansilha, Porto

Perfect proximal anchorage does it solve all the problems? JP de Vries

Physician-made versus regular fenestration, is there a difference? E Ducasse

25mn 3 x 8mn

Real world AAA case extravaganza

Approximately 10 minutes per case. How would you treat it? Challenging scenarios that stump the experts

(T Larzon, I Loftus, T Mastracci, ....)

32mn 4x 8mn

#### Points of interest

How to deal with type I endoleaks ? R Koskas, France

Diagnosis and management of type 3b endoleak. R Mc Williams, Liverpool

Late and real results of secondary interventions for endoleaks. F Verzini

Sorry to curb the enthusiasm but how to treat the infected endografts? X Berard

### Session 4 - Venous & thrombectomy

ALUN DAVIES

NICOS LABROPOULOS

RENE MILLERET

PHILIPPE NICOLINI

EVGUENY SHAYDAKOV  
LOWELL KABNICK  
O HARTUNG  
MARIANNE DEMAESSENER

MODÉRATEURS : DRS SC+PP

1h45  
17h30-19h

8mn x 8  
25mn discussion

- 1 Lowell Kabnick: what might bring a new wave length for endovenous laser?
- 2 Alun Davies: Should we really treat varicose tributaries ?
- 3 Nicos Labropoulos: Hemodynamics of development of the varicose disease: do we have really a new knowledge ?
- 4 Evgeny Shaydakov: The May-Hosni procedure for the treatment of venous obstruction: a reappraisal ?
- 5 Philippe Nicolini: endovenous treatment of the short saphenous vein: as good as for the great saphenous vein ?
- 6 Olivier Hartung: endovascular treatment of extended iliac vein occlusion: what are the limits ?
- 7 René Milleret: what will be the treatment of varicose veins in the future ?
- 8 Marianne Demaessener : Management strategies for patients with varicose veins (C2-C6): results of a worldwide survey.

## Friday

---

### Session 1 : Venous & thrombectomy

1h15  
8h-09h15

6 x 10mn + 15 mn discussion

hot topics – polemics

MODÉRATEURS : DRS Nicolini-Milleret

- 1 Lowell Kabnick : the glue for the treatment of varicose veins ?
- 2 Alun Davies: Post-operative compression after varicose vein treatments : yes or no ?
- 3 Evgueny Shaydakov: Indications for the treatment of pelvic varices
- 4 Olivier Hartung: Treatment of acute venous femoro-iliac thrombosis : changing the paradigm ?
- 5 Nicos Labropoulos: Endovenous thermal ablations: consensus and polemics
- 6 Marianne Demaessener : Foam sclerotherapy : the best cost-effectiveness treatment for varicose veins ?

## Session 2 : Carotids

MEET Carotid Program

Max Amor, Isabelle Van Herzeele, Peter Schneider

2h20

09h15-11h35

9 x 8 mn = 72

2x 10mn discussion

+ 50mn

8 minutes Key articles from the past year that will influence carotid artery disease treatment going forward / *Van Herzeele*

Debate!

8 minutes Urgent repair of carotid disease causing stroke means it should be done within 48 hours. *GJ De Borst*

8 minutes Nonsense. Urgent repair after stroke has a higher perioperative risk and I never do it in the first two weeks. *N Hopkins*

10 minutes Vote and Discussion

Hot Topic:

8 minutes If you want to prove that your outcomes are excellent, then perform DW-MRI in all CEA and CAS patients. What is known about DW-MRI hits after carotid repair and should we be worried? *Claudio Rabbia or S Macdonald* (if returned to Europe)

Tips and tricks: how I do it

8 minutes Troubleshooting during carotid endarterectomy (open vascular surgeon) *Carlo Setacci or Andrea Stella*

8 minutes Ideal toolkit for carotid stenting. How to customize your approach for different types of cases. (IR or IC – *B Reimers, Fausto* not on list or *Piero Montorsi*)

10 minutes Q&A

Real-world Carotid Case Extravaganza

50 minutes (approximately 10 minutes per case) Interactive voting system.

How would you treat it? Challenging scenarios that stump the experts.

3-5 controversial cases, present to group audience participation  
(*Jos Van Den Berg Fabio Verzini, Nelson Hopkins, Montorsi...*)

8 minutes Future of carotid revascularization (include Mesh covered stents, prox protection, new designs, transcervical) *Peter Schneider*

8 minutes Standard operating protocol in stroke management at my hospital – a multidisciplinary approach is mandatory (neurologist and/or IR)

8 minutes Take home message: Panel discussion with audience participation

## Industry symposium

12h00-12h30

## Session 3 Femoropopliteal disease & Ambulatory

Moderators

Julien Lemoine ([ju.lemoine54@gmail.com](mailto:ju.lemoine54@gmail.com))

Isabelle Van Herzzele ([vhisabelle@gmail.com](mailto:vhisabelle@gmail.com))

Yann gouëffic ([yann.goueffic@chu-nantes.fr](mailto:yann.goueffic@chu-nantes.fr))

### Endovascular repair for long femoropopliteal lesions

1h30

13h30-15h00

1/ **State of art.** (recent articles in favor of ER for long FP lesions) 8mn +2mn

2/ **Missing data.** (Critical review of the literature ; What do we need –data, studies...- to establish ER as the gold standart for long FP lesions) 8mn +2mn

3/ **Real world** 60mn

(clinical cases -video should be great - presented by one speakers and challenged by the other speakers. The clinical cases is shown step by step and challenged by the other speakers. The moderators moderates the discussion. To define speakers, we could ask to the companies...)

- Clinical case with supera (abbott)
- Clinical case with DEB (medtronic/spectranetics)
- Clinical case with a reentry devices (cordis)
- Clinical case with reentry/pedal access (cook)

4/ **Take home message** (abstract of the previous presentation : should be prepared by the moderators during the session ; no slides) 3mn

Speakers list

R Coscas

L Maene

M Di primio

J Sobocinski J

.....

### Ambulatory managment for PAD endovascular treament

1h30

15h00-16h30

1/ State of art. (recent articles in favor of the safety and efficiency of outpatients) 8mn +2mn

2/ Missing data. (Critical review of the literature ; What do we need –data, studies...- to establish ER as the gold standart for long FP lesions) 8mn +2mn

3/ Real life (movie) 8mn +2mn

4/ Debates and vote (rising the hands ?) 60mn

Debate 1

- Arterial closure devices for outpatients are mandatory
- Arterial closure devices for outpatients are costly and not safe
- discussion

Debate 2

- For 4F devices with 0.018 (speakers from biotronic)
- For 5F devices with 0.035
- Discussion

Debate 3

- Outpatients management is not profitable
- Outpatients management is profitable
- Discussion

5/ Take home message (abstract of the previous presentations : should be prepared by the moderators during the session ; no slides) 3mn

## **Session4 - Associate Faculty Program (oral & videos presentations)**

17h or parallel session