To us, support is about much more than just supporting a product; it’s about supporting you. This training is just one example of how we continually strive to support you, your personal practice and the treatment of your patients by providing disease-specific endovascular solutions.

We encourage you to take advantage of our other device training opportunities, our global planning and sizing centres, the product development partnerships upon which Zenith is founded, and educational peer discussions worldwide.
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Gold Marker (Inside the graft)

Proximal Internal Gold Marker (Inside the graft)

Distal Anterior Gold Marker

Distal Outer Gold Marker

Barb

Gold Marker

Tick Gold Marker

Proximal Anterior Gold Marker

34 mm

18 mm
Zenith® t-Branch TAAA

Device Description.

Zenith t-Branch TAAA - Component
- Proximal Diameter 34 mm
- One fixed length of 202 mm
- Distal diameter of 18 mm
- 4 branches
- The taper of the device starts 76 mm from the proximal edge
- The tapered section is 25 mm in length
- The 18 mm tube is 101 mm in length
- 22 Fr (7.3 mm) Introduction system
Diameter reducing ties.

Allow the rotation and manipulation to allow for optimal alignment prior to final deployment.
Zenith Universal Distal Body.

- Proximal Diameter 22 mm
- 2 Proximal internal sealing stents
- Contralateral leg length is 22 mm
- 20 Fr (6.7 mm) ID/7.7 mm OD
Introduction system

H&L-B One-Shot Introduction System for universal distal body grafts
20 Fr (6.7 mm) ID/7.7 mm OD
**Indications for use**

The Zenith t-Branch Thoracoabdominal Endovascular Graft is indicated for the endovascular treatment of high-risk patients with thoracoabdominal aneurysms who are not amenable to open surgical repair. The patients must have morphology suitable for endovascular repair.

### Proximal to Aneurysm

Non-aneurysmal thoracic aorta fixation segment proximal to the aneurysm with:

- Angle less than 90 degrees relative to the axis of the aneurysm
- Length of at least 25 mm (50 mm of wall contact preferred)
- Diameter measured outer wall to outer wall no greater than 30 mm and no less than 24 mm

Alternatively device may be attached to preexisting Zenith thoracic endovascular graft

### Visceral Vessel Anatomy

- Four indispensible arteries
- Aortic diameter of > 25 mm at the region of the branches
- Target vessels accessible from antegrade approach
- Celiac and SMA 6-10 mm in diameter
- Renal arteries 4-8 mm in diameter
- Distance between the branch and the corresponding arterial orifice < 50 mm
- The line between the branch and the arterial orifice as projected onto the vessel wall deviates no more than 45 degrees from the long axis of the aorta

### Access

- Adequate iliac/femoral access compatible with a 22 Fr (8.5 mm OD) delivery system
- Brachial, axillary or subclavian access vessel size compatible with the delivery profile of a 10 or 12 Fr introducer sheath (3.3 or 4 mm OD)
1. Image Overview
- Assess suitability of anatomy meets IFU (e.g., angulations, suitable proximal landing zone, lumen diameter suitable for sidebranches, target vessels diameter and projections, access vessels)

2. Sealing Zone Assessment.
- Measure diameter (outer wall to outer wall) through proximal and distal sealing zones.
- Be aware of thrombus, calcium and diseased vessels

3. T-Branch planning
- Centreline
- The centerline should be corrected to how the graft will conform to the anatomy
Procedure for Planning a Zenith t-Branch device

**Step One**
- Distance reference line
- Mark the upper margin of the SMA on the centreline and this is the 0 reference on the grid
- Measure the SMA clock
- Mark the SMA at 0 height on the grid at the corresponding clock position.

**Step Two**
- On the centreline, measure from upper margin of the SMA to the upper margin of the coeliac artery
- Measure the coeliac artery clock
- Mark the coeliac artery on the grid at the corresponding height and clock position.
Procedure for Planning a Zenith t-Branch device

**Step Three**
- On the centerline measure from the upper margin of SMA to the upper margin of the RRA
- Measure the RRA clock
- Mark the RRA on the grid at the corresponding height and clock position

**Step Four**
- On the centerline measure from the upper margin of SMA to the upper margin of the LRA.
- Measure the LRA clock
- Mark the LRA on the grid at the corresponding height and clock position.
Procedure for Planning a Zenith t-Branch device

Step Five

- On the centerline measure from the upper margin of the SMA to the proximal extent of aneurysm, mark on the grid.
**Step Six**

- Move clear plastic sizing sheet to final optimal t-Branch position.
- Ensure each target vessel, clock position is located within arc created by each pair of red lines.
- Ensure side branches are a minimum of 10 mm above target vessels and max. of 50 mm above.

**Step Seven**

- Mark on the worksheet the proximal and distal edges of the t-Branch, by drawing along the edges of the plastic sizing sheet. (The plastic overlay is scaled to represent the t-Branch).
Step Eight

- On the centerline measure from upper margin of SMA to aortic bifurcation
- Mark the position of the aortic bifurcation.
Procedure for Planning a Zenith t-Branch device

Step Nine

- Contralateral limb should be no more than 15 mm above the bifurcation
- The proximal edge of the Unibody should land safely under the lowest sidebranch
- Recommended minimum overlap is 2 stents
- Select size of Universal Distal Body
Step Ten

- Select Zenith iliac leg graft components
- Contralateral: ZSLE-XX-YYY-ZT
- Ipsilateral: ZSLE-XX-YYY-ZT
- If requested, plan appropriate Thoracic tapered component
NOTE: Before unsheathing the device, ensure that the anterior markers and the tick marker are in the anterior position. This can be done by rotating the device to the right and confirming that the anterior markers and tick marker rotate toward the patient’s left. If you are unsure whether all the markers are in the anterior position, lateral screening should be performed.

If, during deployment, the markers are not in correct alignment, adjust the device position as each stent is deployed.

NOTE: Take note of any rotations you make, in order to manipulate the introduction system back to its previous position.

NOTE: Posteroanterior and lateral views are recommended to ensure the correct orientation of the device. The anterior and tick markers should be on the anterior aspect of the device.