UT Southwestern’s Advanced Endovascular Aortic Program focuses on the broad treatment of complex aortic diseases using total endovascular therapies. Under the direction of Carlos Timaran, M.D., a Physician-Sponsored Investigational Device Exemption protocol has been implemented since 2014 for the use of fenestrated and/or branched stent-grafts manufactured by Cook Medical Inc. These devices allow for endovascular repair of most aortic diseases, including complex suprarenal and thoracoabdominal aortic aneurysms as well as chronic dissections.

Patients unfit for open repair can be treated under the protocol. Conventional-risk patients who might benefit the most from endovascular repair, given its prompt and complete recovery, can also be treated.

The program has run industry-sponsored trials of other investigational and/or approved devices since 2007; under the program’s auspices, more than 500 patients have been treated with fenestrated and/or branched devices since its inception. The program is committed to achieving its mission of delivering the best quality of care and excellence in outcomes through expertise, extensive experience, and verification by rigorous clinical research methods, oversight, and auditing. Currently, Dr. Timaran is the only vascular specialist in the southwestern U.S. with access to all devices for the true total endovascular repair of all aortic diseases.

To learn more about the program, contact Dr. Timaran at 214-645-0533 or carlos.timaran@utsouthwestern.edu.

Physician-Sponsored Investigational Device Exemption Protocol G140108

Premanufactured fenestrated and/or branched custom-made devices for endovascular repair of complex suprarenal or thoracoabdominal aortic aneurysms. Preloaded catheters and wires and low-profile fabric are used for more effective and expeditious repairs.

The p-Branch device is an off-the-shelf stent-graft for the endovascular repair of suprarenal abdominal aortic aneurysms.

Off-the-shelf devices, including the t-Branch device, are immediately available for the repair of type I, II, and III thoracoabdominal aortic aneurysms.