ophthalmic aneurysms treated with FDS +/- coiling in Leeds General Infirmary.

Results Sixty-three (98%) patients were female. Mean age was 57 (29–77). Twenty (31%) were hypertensive. Fifteen (23%) were smokers and seven (11%) ex-smokers. Presentations were predominantly incidental (51/64, 80%). Others included six visual symptoms, six elective re-stents and an embolised, partially thrombosed aneurysm.

Ten (16%) aneurysms were partially thrombosed on presentation. Mean aneurysm dimensions were: neck diameter 4.69 mm (2.08–9.46); maximum width 8.55 mm (2.78–25.8); dome height 8.26 mm (2.32–27.7); Dome-to-Neck Ratio 1.79 (1–4.28).

Twenty-four Supass, 23 Pipeline, 17 P64 and 1 Silk stent were used. One patient required two stents. Seventeen (27%) aneurysms were coiled completely and 6 (9%) partially. Modal hospital stay was 1 day (1–228). Sixty-one (95%) patients stayed ≤7 days. Mean follow-up time was 23.4 months (3.3–61.2). Sixty-one patients had follow-up. Fifty-nine (97%) had complete occlusion. All occlusions were adequate.

Complication rates improved over time Complications included groin haematomas (6), minor stroke (4), intracranial bleed (1) and death (1). No new/worsening visual complications occurred. Modified Rankin Score was >1 in 4 patients post-discharge and 1 patient at 6 months.

Conclusion FDS offers excellent outcomes and safety. Further intervention (routine antiplatelet testing, stent sizing software, reducing antiplatelet regime to 1 year) may optimise results.

Disclosure of Interest Nothing to disclose

P061/116 ONE-YEAR CLINICAL AND RADIOLOGIC OUTCOMES OF THE SURPASS EVOLVE FLOW DIVERTER FOR LARGE-GIANT UNRUPTURED INTRACRANIAL ANEURYSMS: FORTY CONSECUTIVE PATIENTS FROM A SINGLE CENTER

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Introduction The Surpass Evolve Flow Diverter (SE-FD) was launched in 2019 as a new generation FD of Surpass Streamline.

Aim of Study We aimed to assess and report the effectiveness and safety of SE-FD insertion for unruptured intracranial aneurysms at six-month and one-year follow-up.

Methods Between November 2019 and October 2021, a total of 106 patients with 108 aneurysms were treated with the FD at a single institution. Of these, SE-FD insertion was performed in 40 patients with 41 aneurysms. At six-month and one-year follow up, clinical and radiologic outcomes were retrospectively evaluated.

Results In present study, there were 12 male patients and 28 female patients, with a mean age of 59.1 years. Dissection or fusiform aneurysms was 46.3% (19/41). The maximal mean aneurysm diameter was 13.2 mm; and larger aneurysms, at least 15 mm, accounted for 34.1% (14/41) of cases. Among the 41 aneurysms, complex aneurysms (recurrent, thrombosed, or branch artery-incorporated) accounted for 41.5% (17/41). All procedures were successfully conducted with 7.3% (3/41) procedure-related complications. At one-year follow up (n = 40), neurologic morbidity was noted in two cases (5.0%; both mRS 1) without any mortality. At one-year follow-up (n = 41), radiologic outcomes were adequate occlusion in 33 aneurysms (80.5%) and complete occlusion in 29 aneurysms (70.7%). There was no retreatment in our cohort.

Conclusion SE-FD was safe and effective for the treatment of dissecting/fusiform or complex aneurysms at one-year follow-up. However, further study is needed to evaluate long-term results.

Disclosure of Interest Nothing to disclose

P062/119 ANGIOGRAPHIC AND CLINICAL OUTCOMES FROM 396 ANEURYSMS TREATED WITH THE PIPELINE FLEX EMBOLIZATION DEVICE WITH SHIELD TECHNOLOGY: SUBGROUP ANALYSIS AND FUP + PRELIMINARY EXPERIENCE WITH PED VANTAGE

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Introduction PED-Shield was introduced to minimize thromboembolic complications. In this study, we investigated the safety and effectiveness of PED-Shield among all patients treated for intracranial aneurysms at our center.

Aim of Study Investigate the safety and effectiveness of PED-Shield among all patients treated for intracranial aneurysms at our center.

Methods This was a single-arm retrospective study of prospectively collected data of patients treated with PED-Shield at our high-volume center between January 2018–January 2021. The primary efficacy endpoint was complete occlusion as measured by a class 1 Raymond-Roy score at 1-year and 2-year follow-up. The primary safety endpoint was major morbidity and neurological mortality up to 1 year following intervention.

Results A total of 328 patients (mean age 56.1±14.7 years; 81.1% female), 80 of whom were previously included in PEDESTRIAN, with 396 aneurysms, were analyzed. A total of 378 devices were deployed, with 93.9% (372/396) of aneurysms requiring only one device. Follow-up angiography was available for 90.2% (296/328) of the procedures after a mean time of 14.0±8.2 months. Complete occlusion was demonstrated for 78.5% (132/168) of aneurysms at 12 months and 90.7% (98/108) at 24 months. The overall rates of major morbidity and neurological mortality after 2 years were 1.5% (5/328) and 0.6% (2/328), respectively.

Conclusion Our results demonstrate high rates of complete long-term occlusion among patients treated with PED-Shield. We also observed low rates of mortality and morbidity consistent with fewer thromboembolic complications with PED-Shield.

Disclosure of Interest Dr Pedro Lylyk is proctor and consultant for Medtronic.