

In Silico Stent-Graft Repair of Patient-Specific Abdominal Aortic Aneurysms

André Hemmler^{1,*}, Brigitta Lutz², Christian Reeps², Günay Kalender³ and Michael W. Gee¹

¹ Mechanics & High Performance Computing Group, Technische Universität München, Parkring 35, 85748 Garching b. München, Germany,

E-mail: hemmler@mhpc.mw.tum.de, web page: <http://www.mhpc.mw.tum.de>

² Universitätsklinikum Carl Gustav Carus, Fetscherstraße 74, 01307 Dresden, Germany

³ DRK Kliniken Berlin, Salvador-Allende-Straße 2-8, 12559 Berlin, Germany

Keywords: *Abdominal aortic aneurysm, Stent-graft, Computational vascular mechanics*

Endovascular aneurysm repair (EVAR) is a widely used and well established technique to intervene before rupture of abdominal aortic aneurysms (AAA) occurs. However, EVAR can involve some unfavorable complications such as endoleaks or stent-graft (SG) migration. Such complications, resulting from the complex mechanical interaction of vascular tissue, SG and blood flow or incompatibility of SG design and vessel geometry, are difficult to predict. Computational vascular mechanics models can be a predictive tool for the selection, sizing and placement process of SGs depending on the patient-specific vessel geometry and hence reduce the risk of potential complications after EVAR [1].

In this contribution, we present a new in silico EVAR methodology to predict the final state of the deployed SG after intervention and evaluate the mechanical state of vessel and SG, such as contact forces or wall stresses. Four different constituents of the vascular tissue are considered: healthy vessel wall, diseased aneurysmatic wall, intraluminal thrombus and calcifications [2]. We consider mortar based frictional contact [3] between a sophisticated AAA model and a SG composed of a parameterized, product specific graft shell and stent wire frame that can undergo finite deformations. The simulation results of three patient-specific cases are compared to the geometry of the deployed SG taken from postinterventional CT scans and the quality of the predictive capability is quantified.

REFERENCES

- [1] F. Auricchio, M. Conti, S. Marconi, A. Reali, J. L. Tolenaar, and S. Trimarchi. Patient-specific aortic endografting simulation: From diagnosis to prediction. *Computers in Biology and Medicine*, 43(4):386 – 394, 2013.
- [2] T. C. Gasser, R. W. Ogden, and G. A. Holzapfel. Hyperelastic modelling of arterial layers with distributed collagen fibre orientations. *Journal of the royal society interface*, 3(6):15–35, 2006.
- [3] A. Popp, M. Gitterle, M. W. Gee, and W. A. Wall. A dual mortar approach for 3d finite deformation contact with consistent linearization. *International Journal for Numerical Methods in Engineering*, 83(11):1428–1465, 2010.