

# Development of Computational Tools for Cardiovascular Applications

Eirini

Kardampiki

Under the supervision  
of:

Prof. Marco Evangelos  
Biancolini

Dr. Emiliano Costa

Dr. Karen-Hele

Støverud

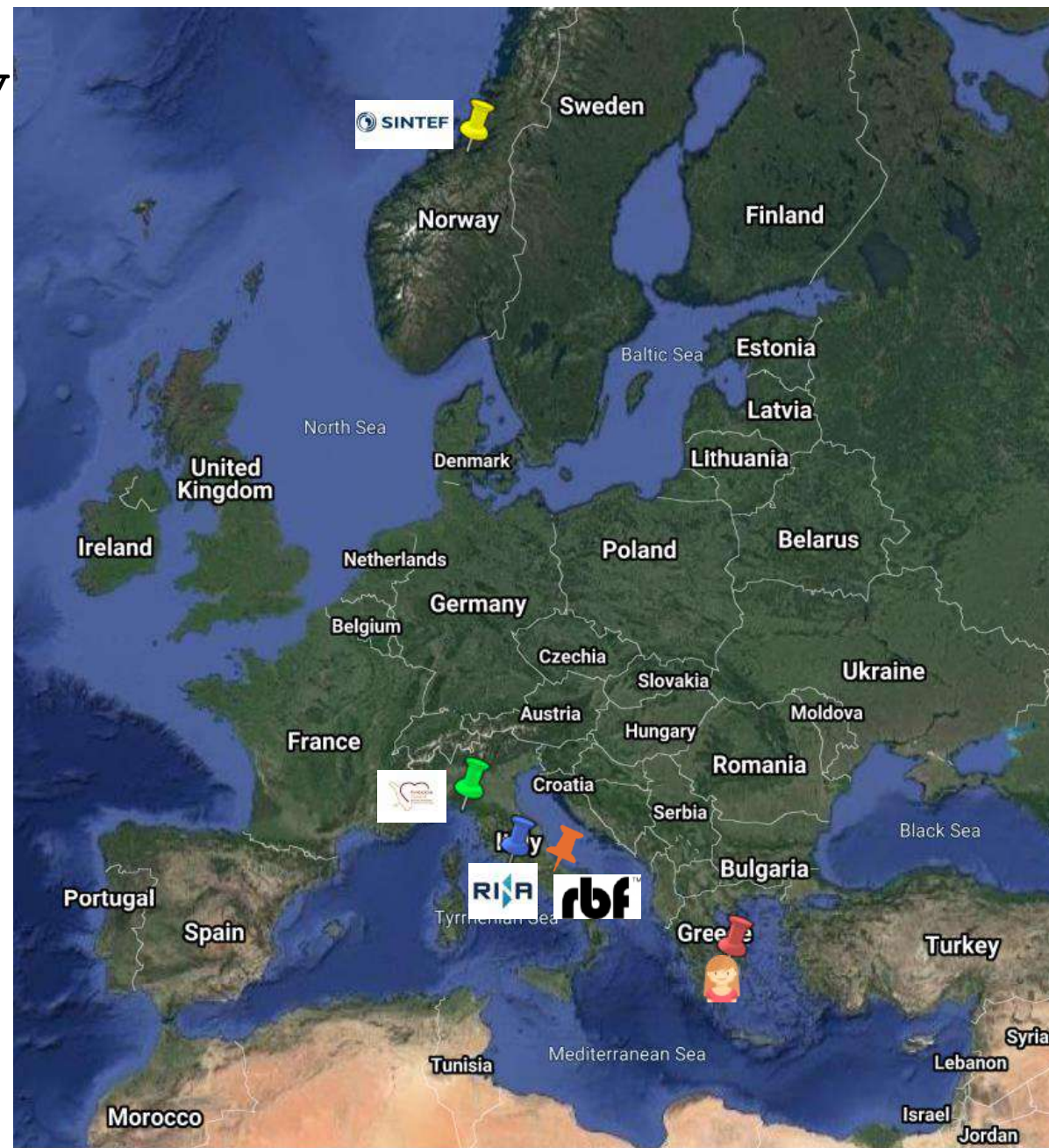
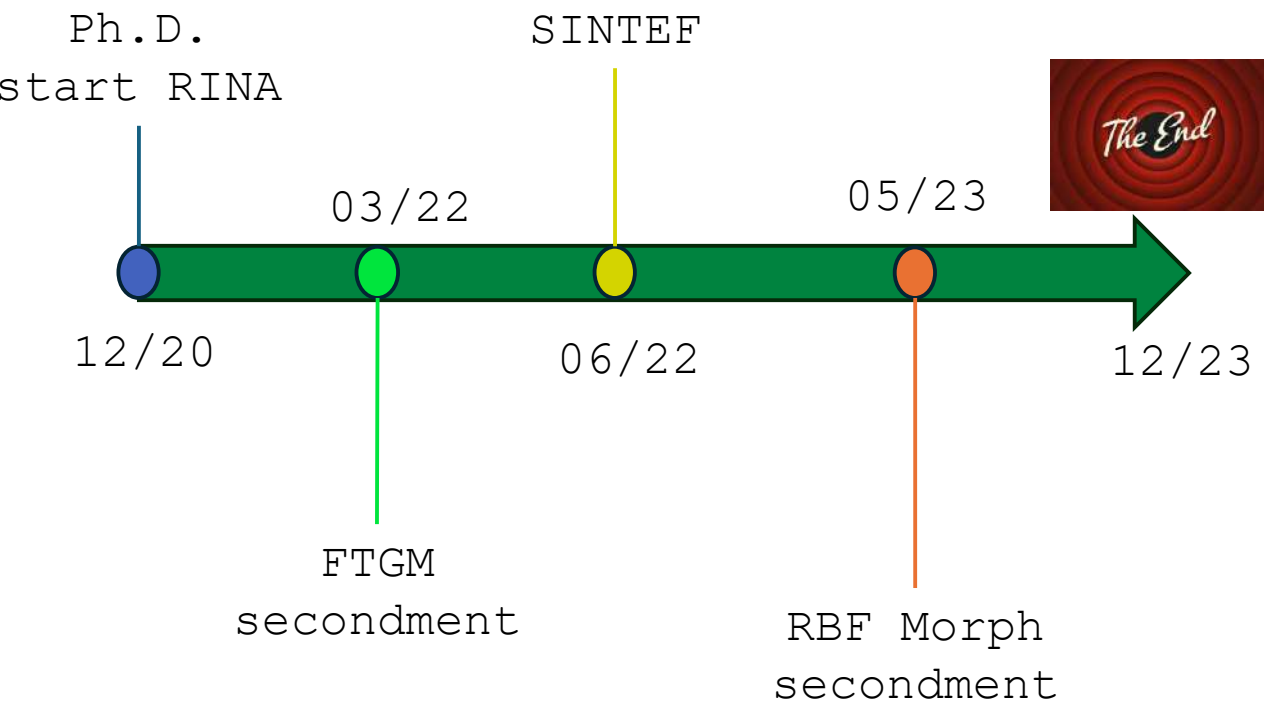


MEDITATE





# My MeDiTATE journey



# Cardiovascular diseases (CVDs)

Cardiovascular diseases (CVDs) are the leading cause of death globally.

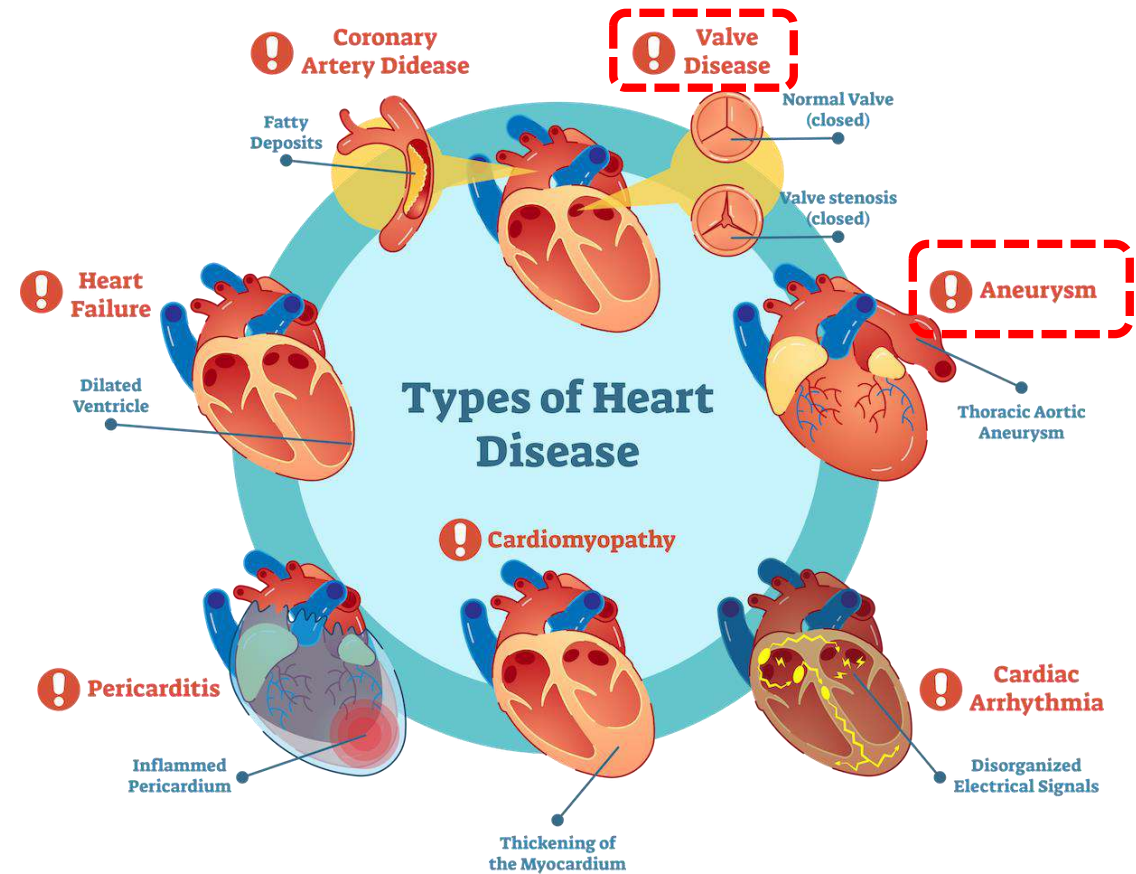
World Health Organization

Financial impact of 282 billion € for the EU economy in 2021

Oxford Population Health's Health Economics Research Centre

1.8 million deaths in Europe in 2020

European Commission



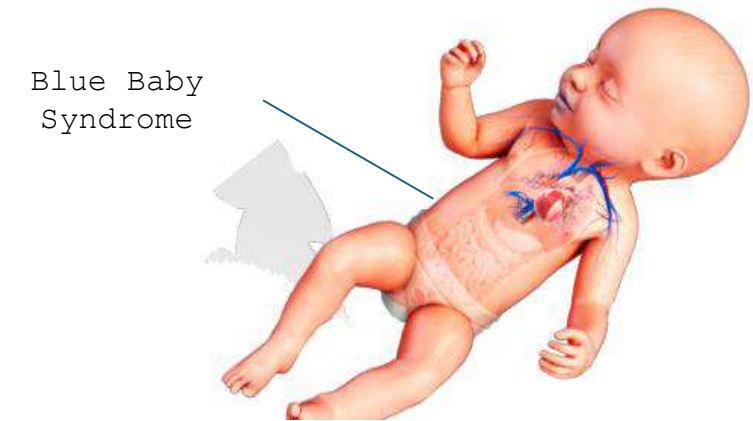
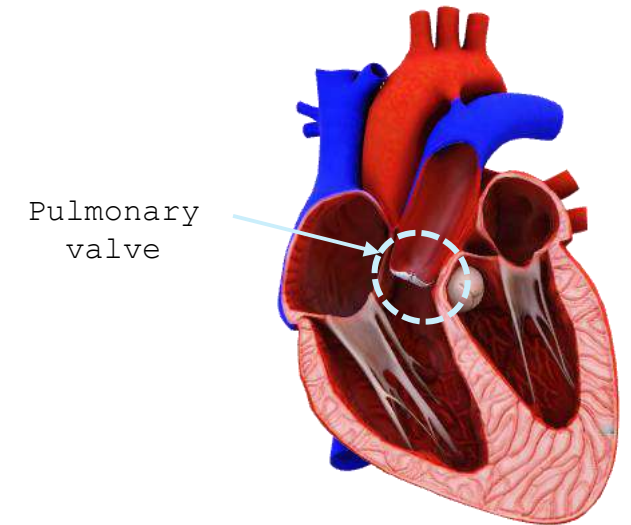
# P u l m o n a r y A t r e s i a

Pulmonary atresia is a congenital heart defect where the valve controlling blood flow from the heart to the lungs fails to form.

Occurrence rate: 1 in every 7,100 babies born in the United States yearly

Palliative treatment: **Modified Blalock-Taussig Shunt (MBTS) procedure**

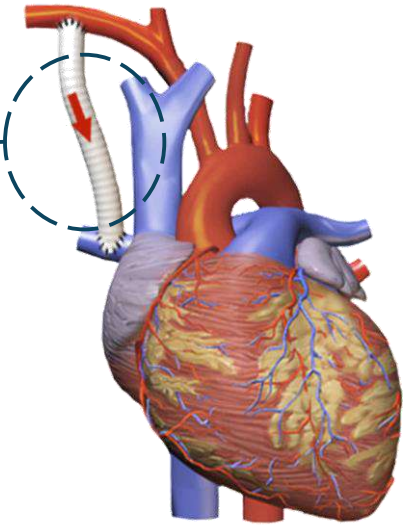
Overall mortality and composite morbidity rates: 7.2% and 13.1% respectively.



# Modified Blalock-Taussig Shunt

## MBTS Implant

- Synthetic graft providing oxygenated blood to the pulmonary from the systemic circulation
- Choice of size according to surgeon experience



Oversized MBTS



Pressure and systemic perfusion drop

Undersized MBTS



Thrombosis risk

Issue: necessity for a reliable tool to predict the MBTS implant outcome

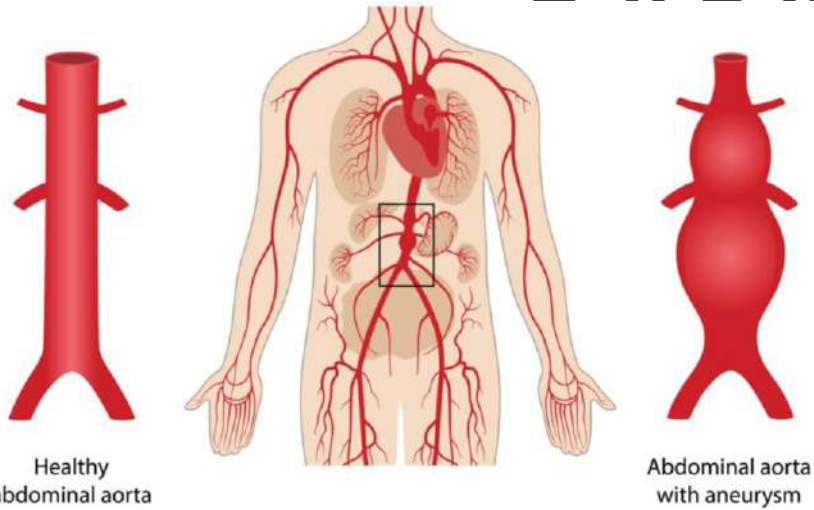


Aim: The development of a fast and interactive pipeline for the analysis of different complex implant configurations in a patient-specific case.

Study I



# Abdominal Aortic Aneurysms (AAAs)



Healthy abdominal aorta

Abdominal aorta with aneurysm

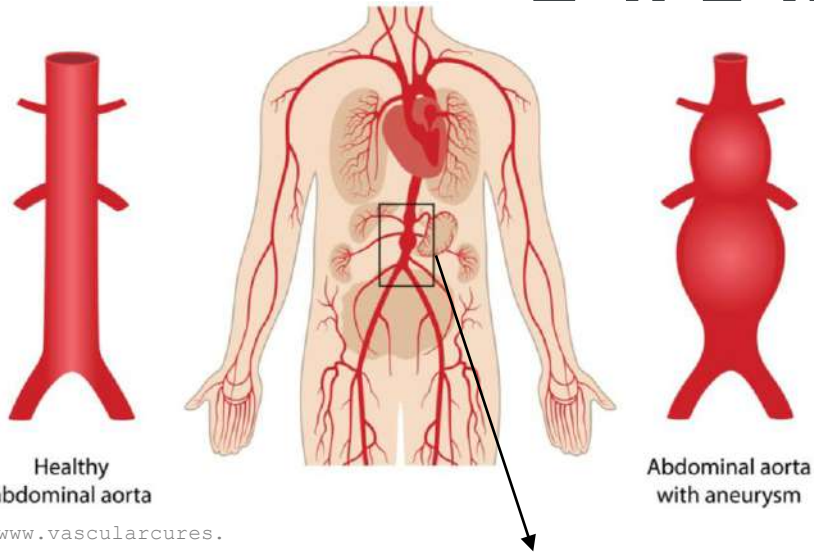
[www.vascularcures.org](http://www.vascularcures.org)

Treatment for abdominal aortic aneurysm:  $10^6$ /year operations worldwide

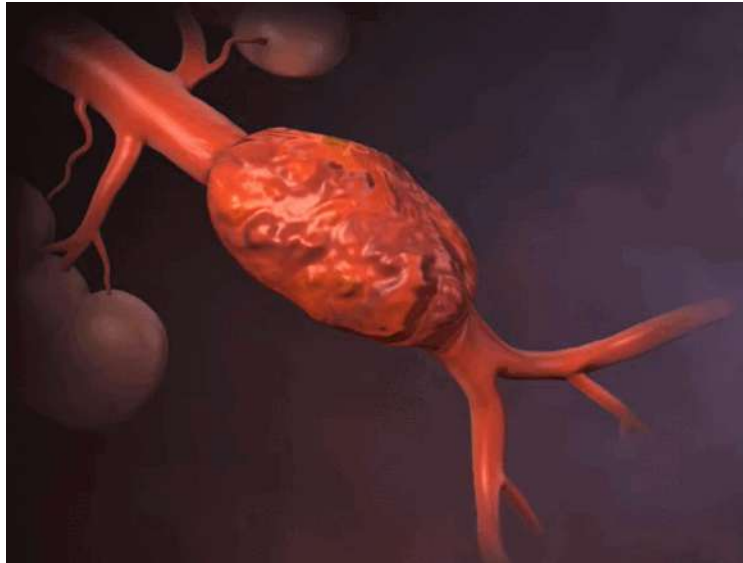
Open surgery: 30%

Endovascular Aneurysm Repair (EVAR): 70%

# Abdominal Aortic Aneurysms (AAA)



www.vascularcures.org



Treatment for abdominal aortic aneurysm: 10<sup>6</sup>/year operations worldwide

Open surgery: 30%

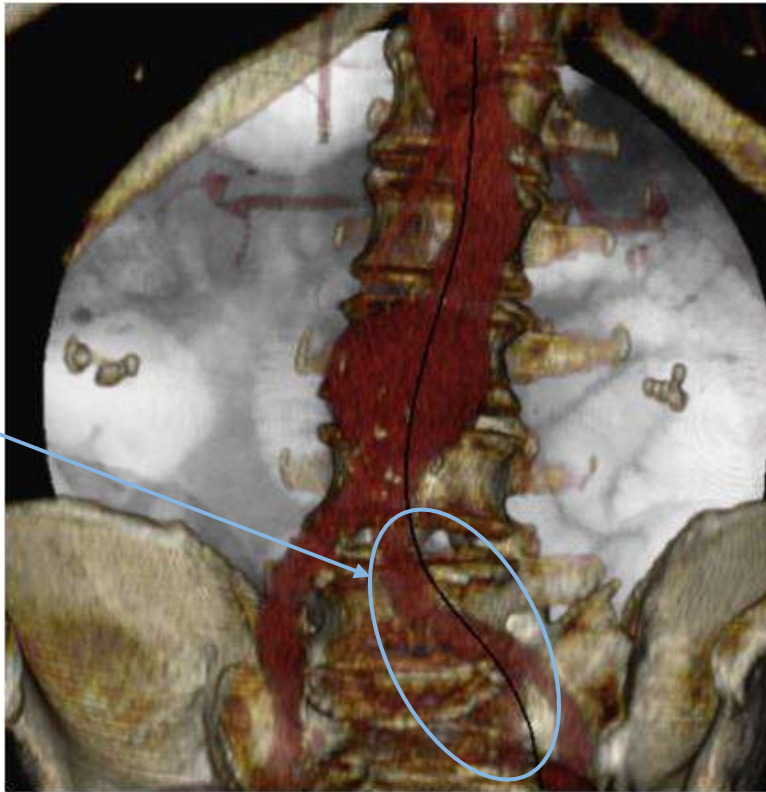
Endovascular Aneurysm Repair (EVAR): 70%

# EVAR Planning and Navigation Challenges

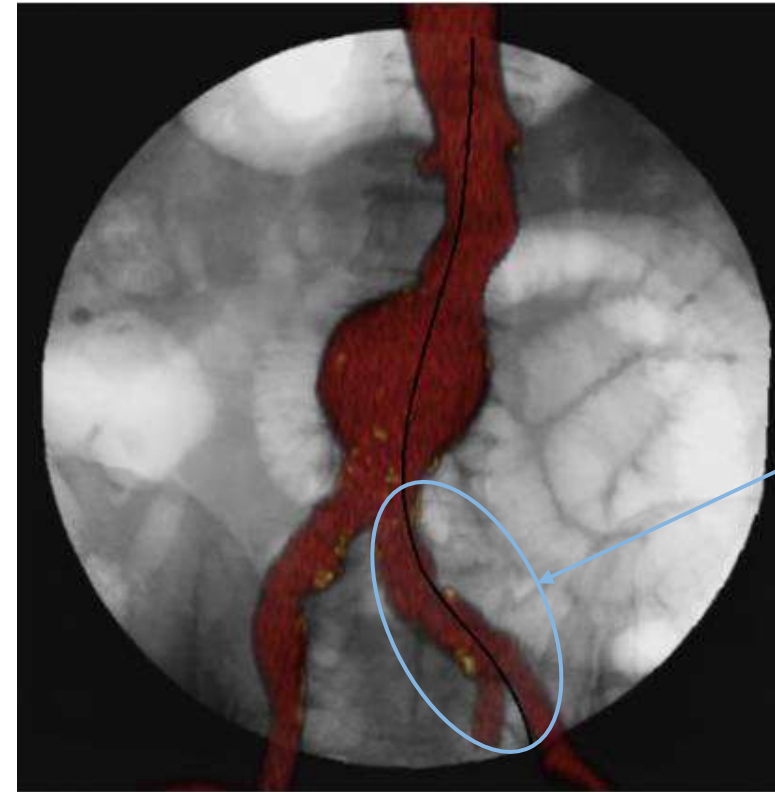
Preoperative volume

Deformed volume

Stiff guidewire outside of the aortic boundaries



Stiff guidewire within the aortic boundaries



*Kaladji A, et al., Comput Med Imaging Graph. 2013*



# EVAR Planning and Navigation Challenges

Issue: Difficulty in the estimation of guidewire-induced deformations



Aim: Provide clinicians with a fast and accurate tool for predicting guidewire-induced deformations



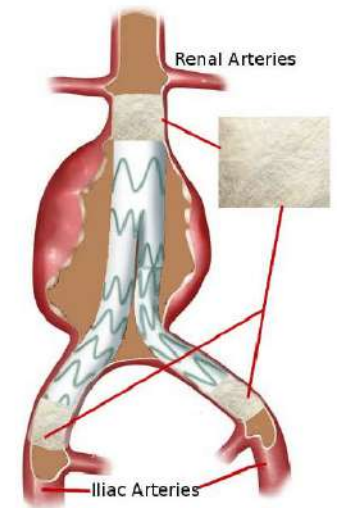
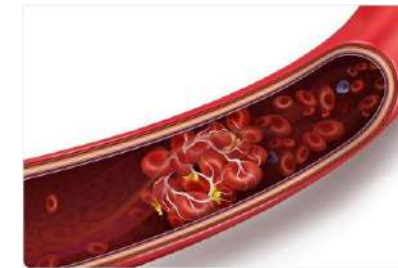
Radiations and contrast



Risk of failure



Post-operative complications



Study II

# Post-EVAR Intra luminal Thrombus Formation (IPT)



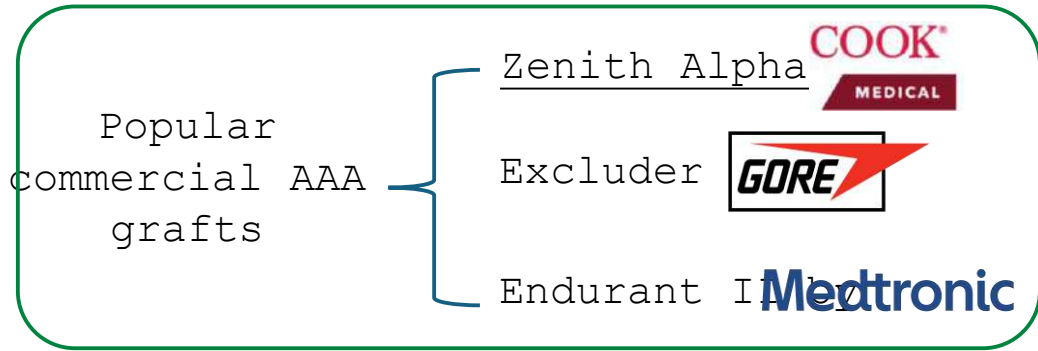
Varying incidence rate up to 36%



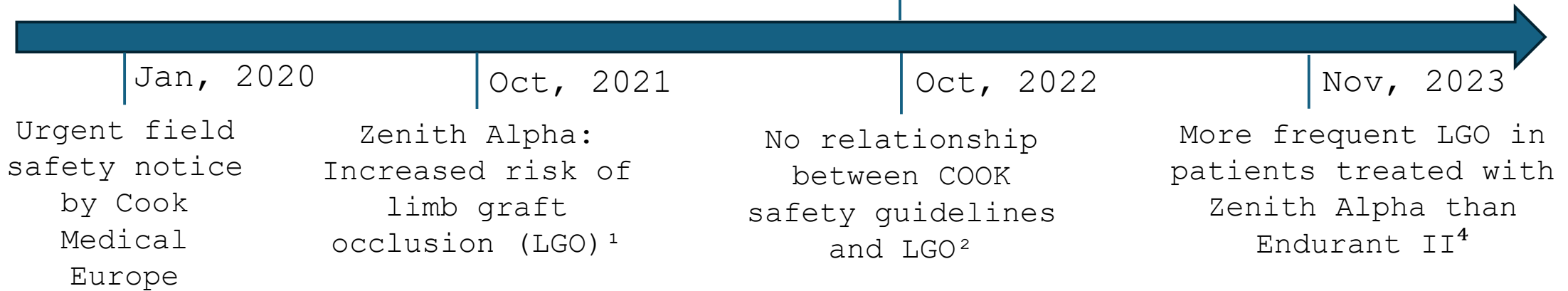
Factors linked with IPT

Stent graft type

# Post-EVAR Thrombus formation and stent grafts



Similar intraluminal thrombus formation (IPT) occurrence on the three stents<sup>3</sup>



<sup>1</sup> Bogdanovic, Marko, et al. "Limb graft occlusion following endovascular aneurysm repair for infrarenal abdominal aortic aneurysm with the Zenith Alpha, Excluder, and Endurant devices: a multicentre cohort study." *European Journal of Vascular and Endovascular Surgery* 62.4 (2021): 532-539.

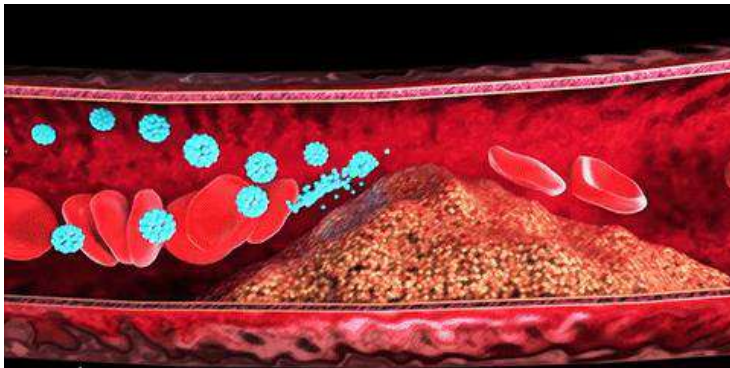
<sup>2</sup> Broda, Magdalena, et al. "Limb graft occlusion after endovascular aneurysm repair with the Cook Zenith Alpha abdominal graft." *Journal of Vascular Surgery* 77.3 (2023): 770-777.

<sup>3</sup> Draper, Kian, et al. "Evaluation of factors associated with limb thrombus formation after endovascular aortic aneurysm repair." *Journal of Vascular Surgery* 77.2 (2023): 440-445.

<sup>4</sup> Ulsaker, Håvard, et al. "A retrospective evaluation of intra-prosthetic thrombus formation after endovascular aortic repair in cook zenith alpha and Medtronic enduring II patients." *European Journal of Vascular and Endovascular Surgery* 66.5 (2023): 644-651.



# Post-EVAR Thrombus formation and stent grafts



Issue: more frequent thrombotic events of Zenith Alpha stent graft



Aim: Blood flow analysis of three simplified commercial AAA stent grafts for detecting thrombotic predictors

Study  
III

# Overview of the performed studies

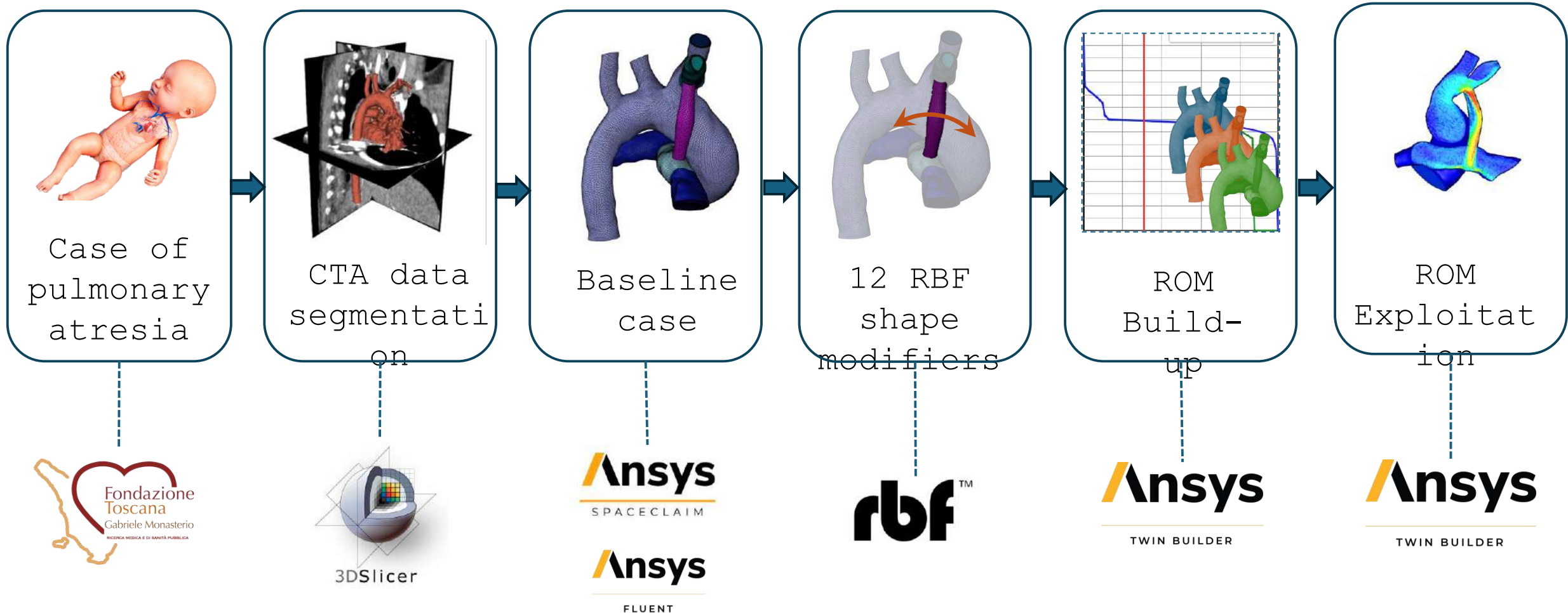
- Development of Reduced Order Model for the support of modified Blalock Taussig shunt (MBTS) procedures
- Development of Reduced Order Model for the assisting of the pre-operative planning and intra-operative EVAR navigation
- Investigation of the post-EVAR thrombotic events on simplified abdominal commercial stent grafts, through computational fluid dynamic simulations

Study  
I

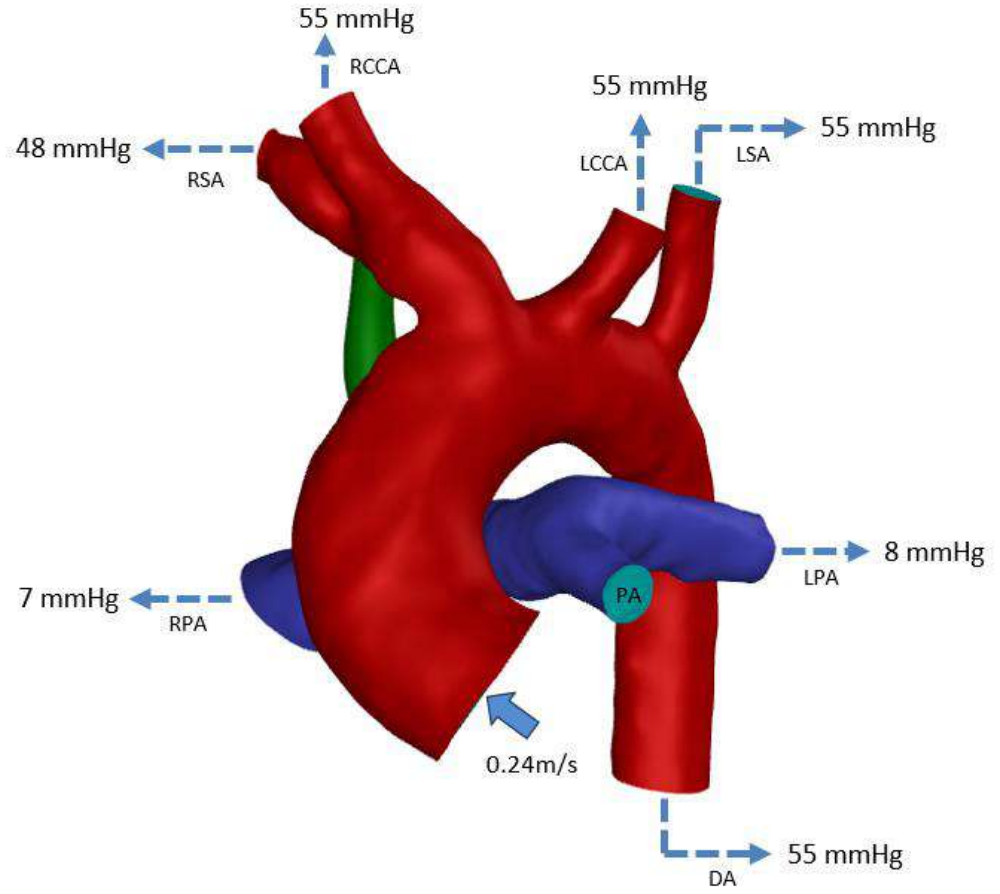
Study  
II

Study  
III

# Study I: Modified Black Taussig Shunt ROM







### Blood properties

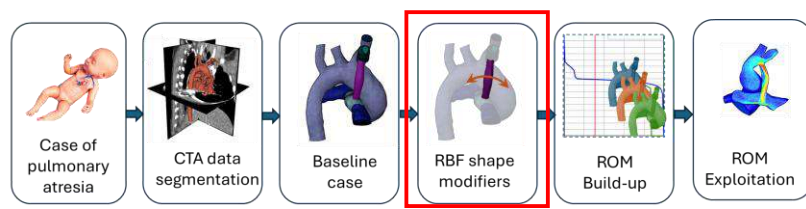
- Newtonian fluid
- Density  $\rho=1060\text{kg/m}^3$
- Viscosity  $\eta=0.0035\text{ Pa s}$

### Flow modeling

- k- $\omega$  SST model
- Steady state regime

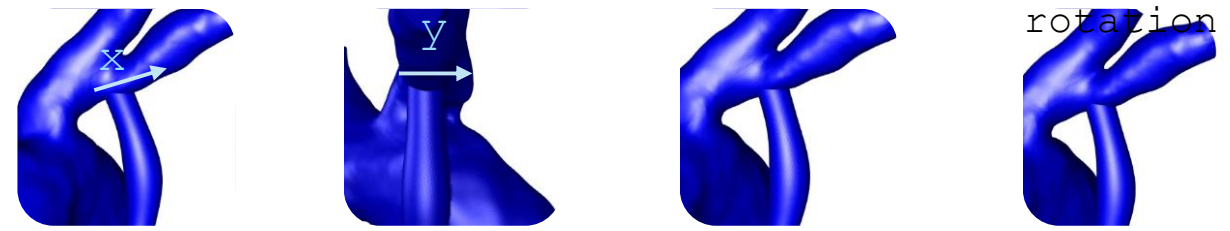
### Quantities of interest

- Surface pressure
- Surface wall shear stress (WSS)
- Volume velocity

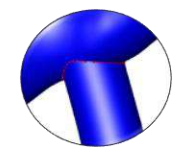


# Twelve RBF Shape Modifiers

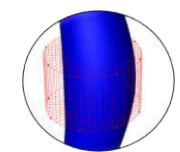
x translation    y translation    y rotation    x rotation



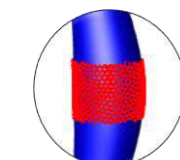
Superior  
MBTS  
boundary SP



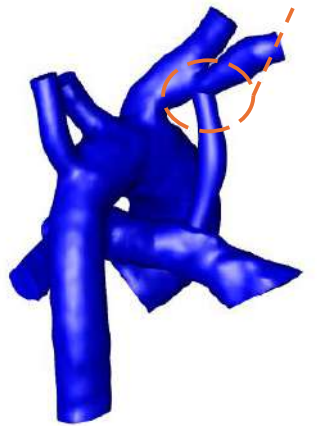
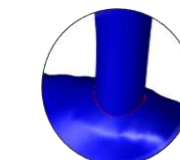
Cylindrical  
periphery  
SP

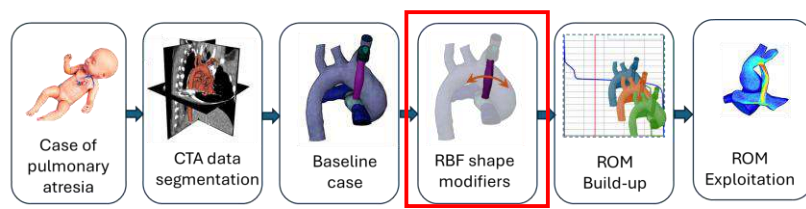


Maximum  
diameter  
SP



Inferior  
MBTS  
boundary  
SP

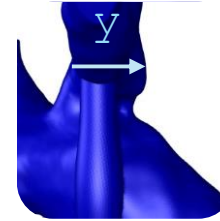
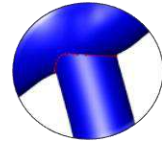




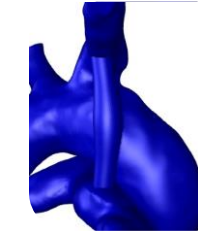
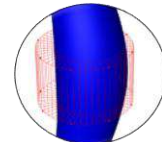
# Twelve RBF Shape Modifiers

x translation   y translation   y rotation   x rotation

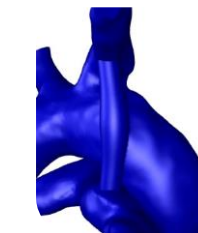
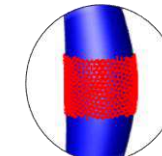
Superior  
MBTS  
boundary SP



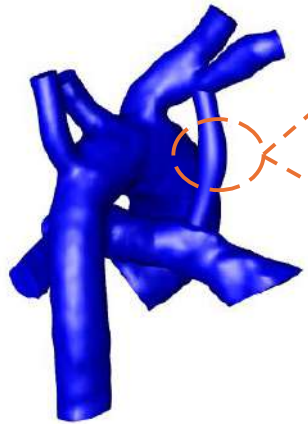
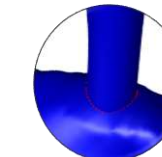
Cylindrical  
periphery  
SP



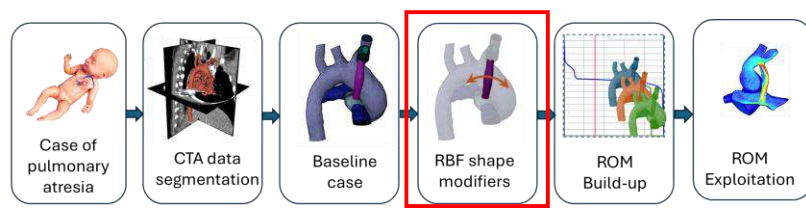
Maximum  
diameter  
SP



Inferior  
MBTS  
boundary  
SP



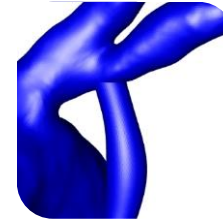
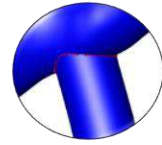




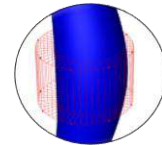
# Twelve RBF Shape Modifiers

x translation   y translation   y rotation   x rotation

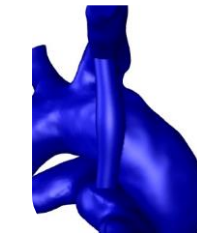
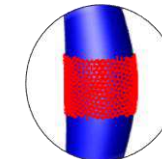
Superior  
MBTS  
boundary SP



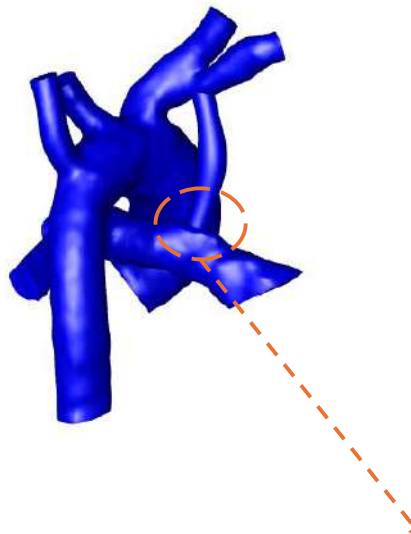
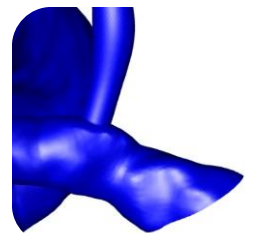
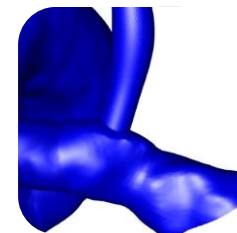
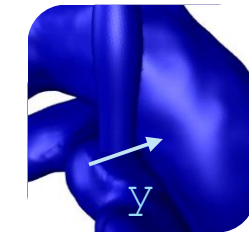
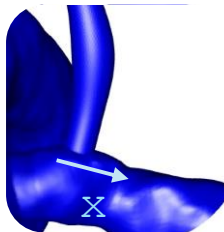
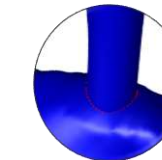
Cylindrical  
periphery  
SP

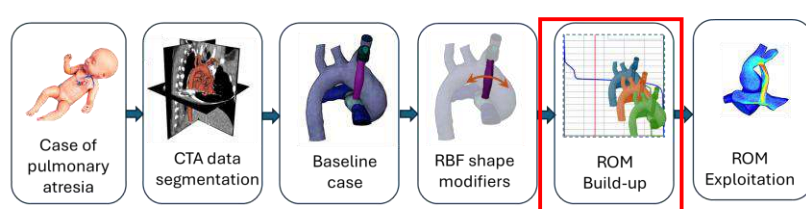


Maximum  
diameter  
SP



Inferior  
MBTS  
boundary  
SP





# R O M B u i l d - u p : G e n e r a l C o n c e p t

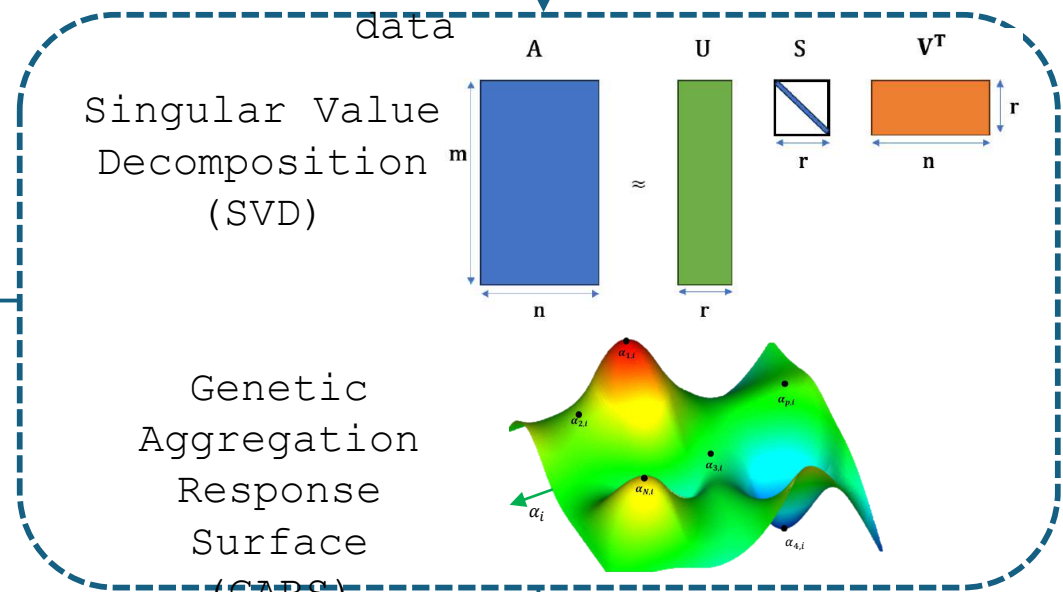
3D simulation data



≈ Hours/Days

Training

data

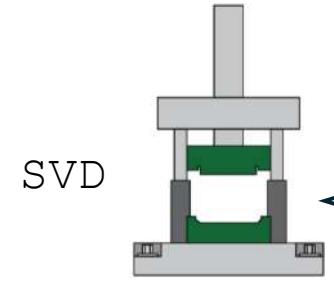
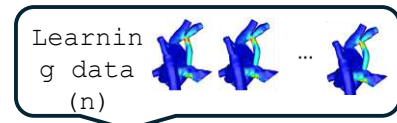


≈ Mins

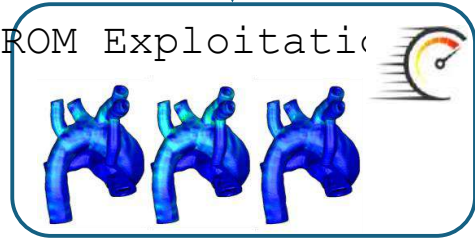
$$\mathbf{A}_r^* = \mathbf{U}_r^* \mathbf{S}_r^* \mathbf{V}_r^{T*} = \mathbf{U}_r^* \mathbf{C}$$

$$\mathbf{C} = [\alpha_1, \alpha_2, \dots, \alpha_r]$$

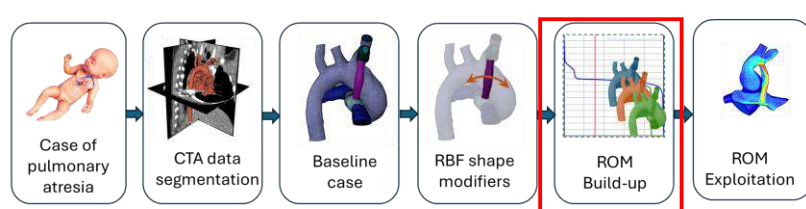
ROM Creation



ROM Exploitation



≈ Mins/Secs



# ROM Build-up: MBTS Study

$$e_{\text{red}}^{\text{RMS}} = \frac{\|\mathbf{A} - \mathbf{A}_r^*\|}{\|\mathbf{A}\|}$$

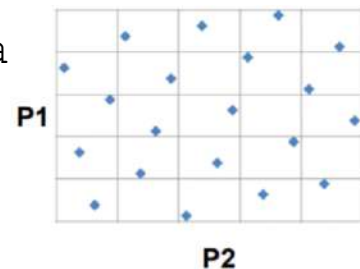
## Scenarios generation:

- Optimal-Space Filling a



150 scenarios

(S)



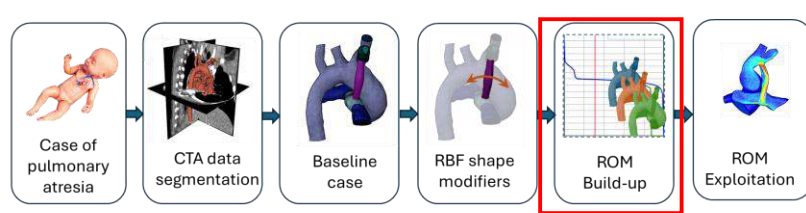
120 scenarios  
for the ROM  
build-up

30 scenarios for  
ROM verification

Flow field variable	Number of modes (r)	$e_{\text{red}}^{\text{RMS}}(\%)$
Pressure	27	0.2
Wall Shear Stress (WSS)	22	6
Velocity	18	7.4

Why so big differences?





# ROM Build-up: MBTS Study

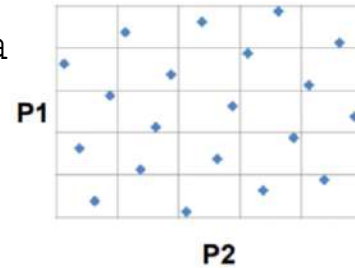
$$e_{red}^{RMS} = \frac{\|A - A_r^*\|}{\|A\|}$$

## Scenarios generation:

- Optimal-Space Filling a



150 scenarios



(S)

120 scenarios  
for the ROM  
build-up

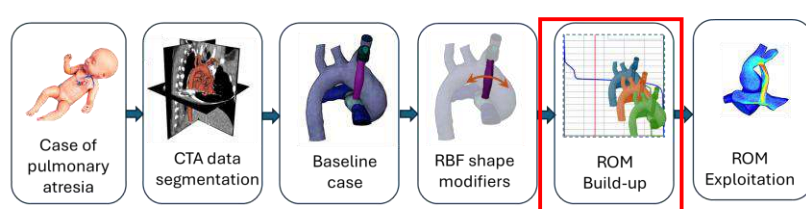
30 scenarios for  
ROM verification

Flow field variable	Number of modes (r)	$e_{red}^{RMS}(\%)$
Pressure	27	0.2
Wall Shear Stress (WSS)	22	6
Velocity	18	7.4

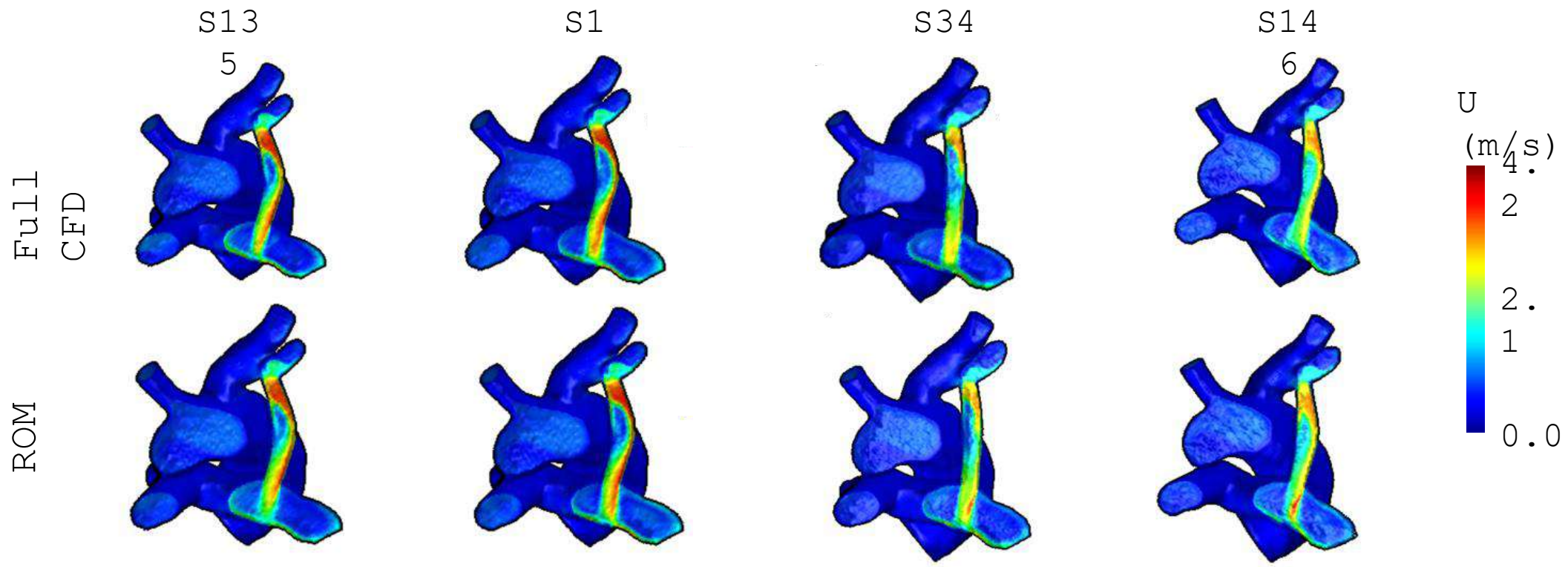
Pressure: scalar + surface  
calculated

WSS: vector + surface  
calculated

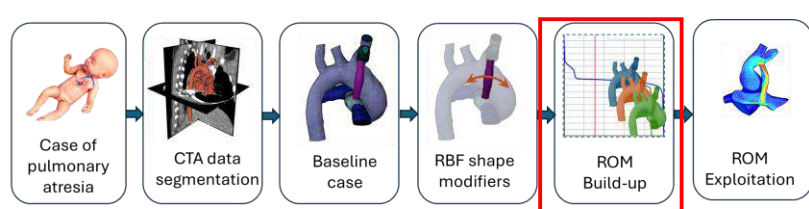
Velocity: vector + volume  
calculated



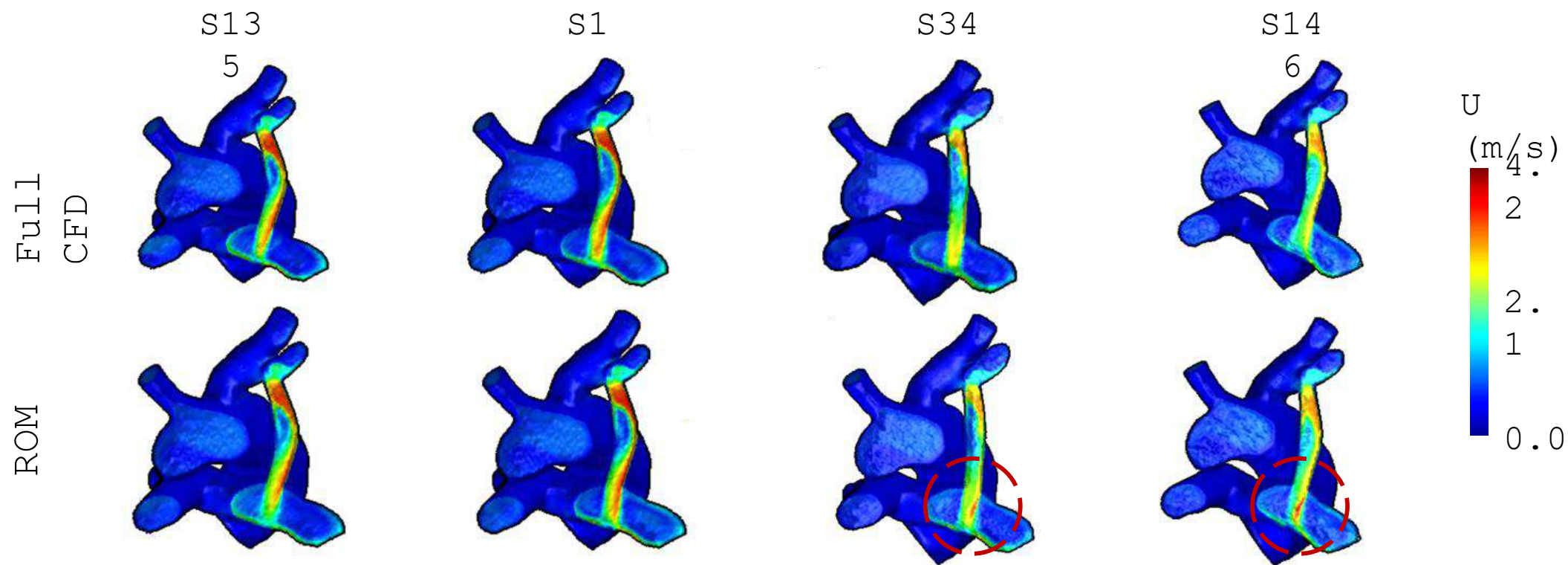
# ROM Verification: Velocity



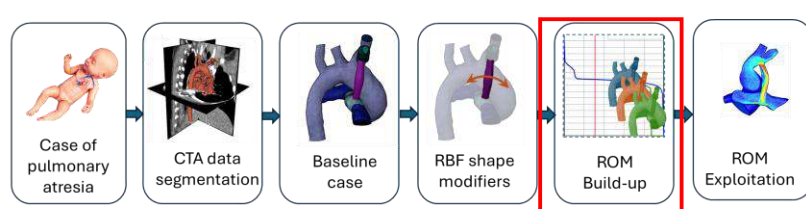
- Velocity maps on MBTS cross-section
- Results on exemplificative scenarios report agreement between ROM results and full CFDs
- Higher discrepancies limited to inferior section of MBTS



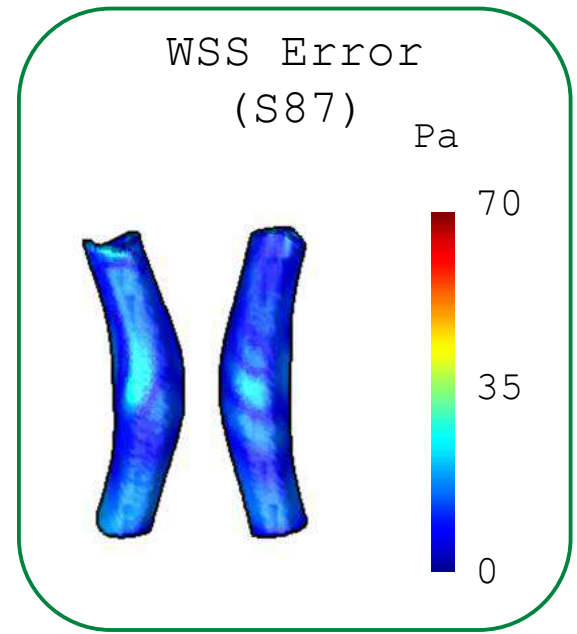
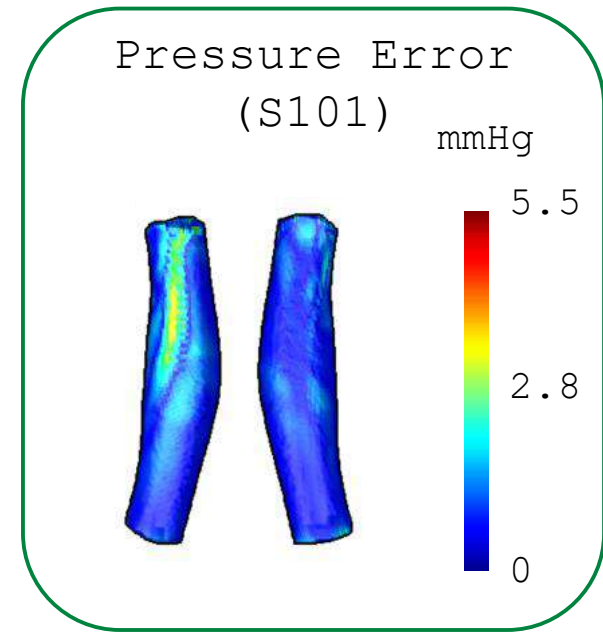
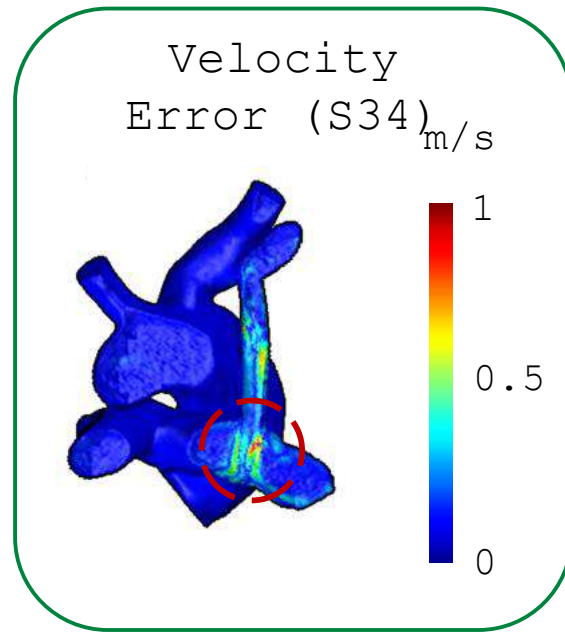
# ROM Verification: Velocity



- Velocity maps on MBTS cross-section
- Results on exemplificative scenarios report agreement between ROM results and full CFDs
- Higher discrepancies limited to the inferior section of MBTS



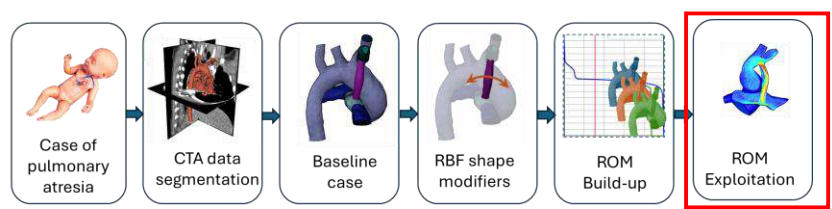
# ROM Accuracy: Maximum errors



- Worst scenario reported for each field
- Maximum velocity errors limited to pulmonary range
- Error ranges negligible with respect to physical range

Average absolute error	
Velocity	0.03 m/s
WSS	3.83 Pa
Pressure	1.92 mmHg





# Velocity ROM Exploitation

Working Directory: .../EKA01/Desktop/rbp-output-FINAL/velocity-magnitude 150 Snapshots - 12 Parameters Browse Set Geometry ROM Auto

Check Build Validate Evaluate

**Available ROM:**

velocity

Delete Rename

**ROM Information**

Name: velocity  
 Parameters: 12  
 Learning Snapshots: 120  
 Modes: 18  
 Version: 2022R1

Export to Twin builder

**Evaluate Roms**

Input parameters:

Parameter	Value
dI_1_vol	-1.50000e-01
dI_2_vol	-3.40000e-01
dr_1_vol	4.90000e+00

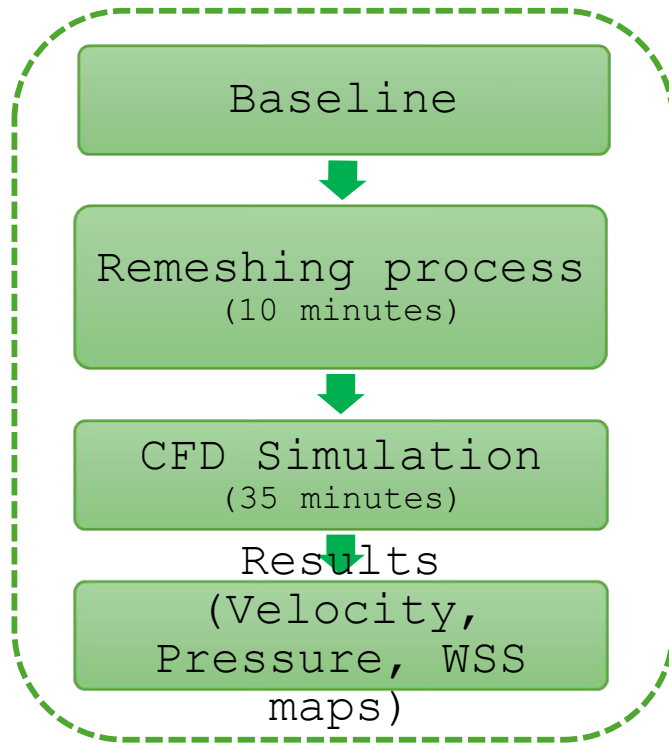
Points Size: 0.00 Views: Parts: all CutPlane 0

**velocity**

**Velocity Magnitude (m/s)**

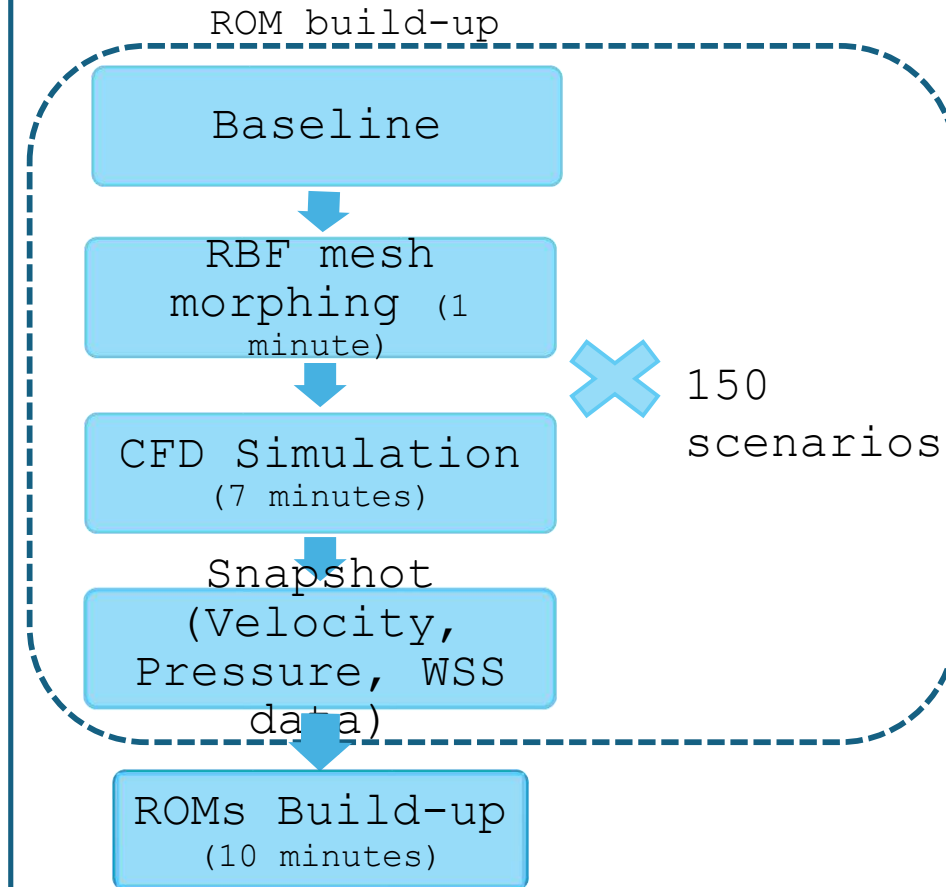
# Study I: Time Comparison

## CFD workflow



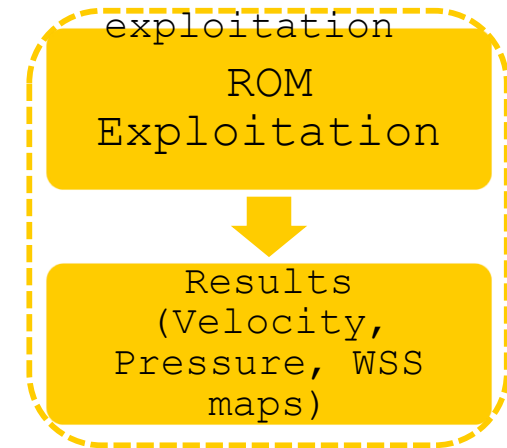
45 minutes on 8-cores laptop

## ROM workflow



20 hours & 10 minutes on 28-cores workstation

## ROM exploitation



Several seconds on 8-cores laptop

# Study I: Conclusions

A comprehensive framework which fuses the **ROM approach** and the **RBF mesh morphing** for the **exploration** of the effect of the shunt's shape on the fluid flow was presented.

## Research Highlights

- Confirmed high ROM accuracy in velocity, pressure, and WSS fields.
- Significant reduction of the computational time using ROM vs CFD
- Wide spectrum of investigated possible shunt configurations

## Future Developments

- Inclusion of more scenarios
- Application of the adopted workflow to additional MBTS patient cases
- Adoption of time-variant boundary conditions
- Inclusion of the cardiac motion



# Overview of the performed studies

- Development of Reduced Order Model for the support of modified Blalock Taussig shunt (MBTS) procedures
- Development of Reduced Order Model for the assisting of the pre-operative planning and intra-operative EVAR navigation
- Investigation of the post-EVAR thrombotic events on simplified abdominal commercial stent grafts, through computational fluid dynamic simulations

Study  
I

Study  
II

Study  
III

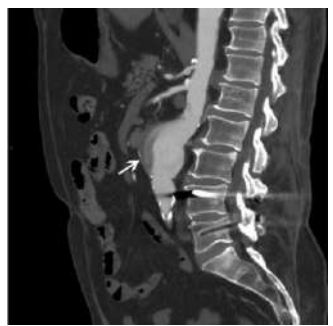


# Study II: Endovascular Aneurysm Repair ROM



AAA patient case

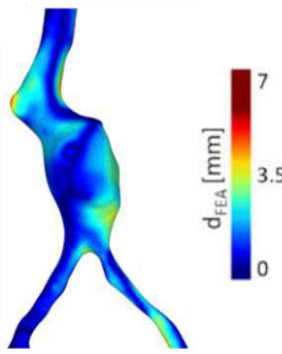
ST. OLAVS HOSPITAL  
UNIVERSITETSSYKEHUSET I TRONDHEIM



CT scan segmentatio

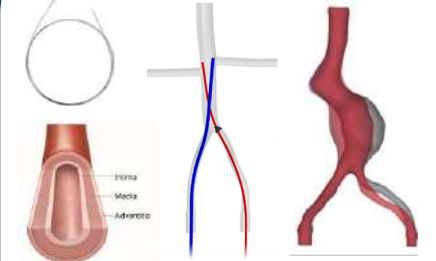


3DSlicer



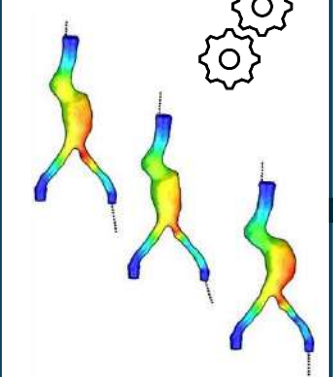
Baseline Finite Element case

Ansys  
LS - DYNA



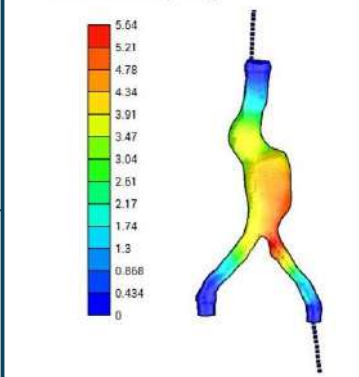
Morphological, clinical, mechanical parameterizati

r**bf**<sup>TM</sup>  
python<sup>TM</sup>



ROM Build-up

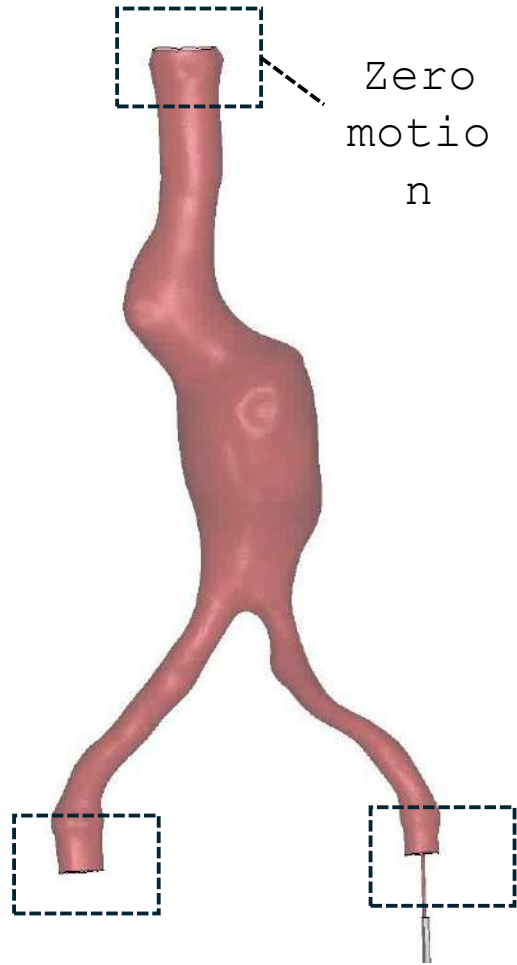
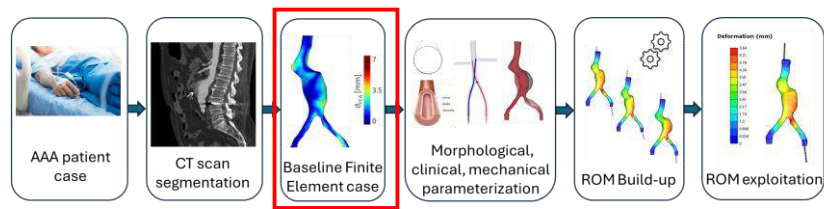
Ansys  
TWIN BUILDER



ROM exploitation

Ansys  
TWIN BUILDER

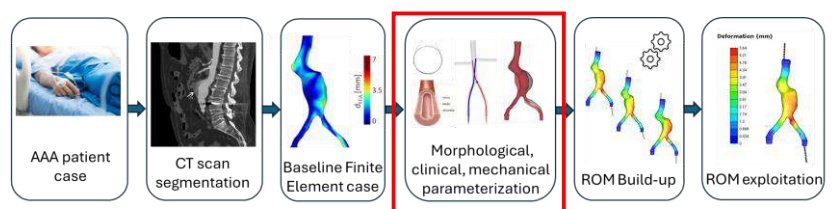
# Contact Mechanics Baseline Case



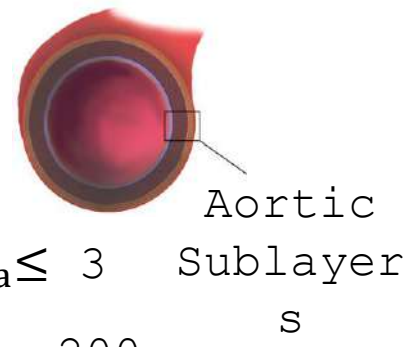
Representation of EVAR navigation inside the aorta

Model validated against experimental data<sup>1</sup>.

<sup>1</sup> Emendi, Monica, et al. "Prediction of guidewire-induced aortic deformations during EVAR: a finite element and in-vitro study." *Frontiers in Physiology* 14: 1098867.



# Case Parameterization

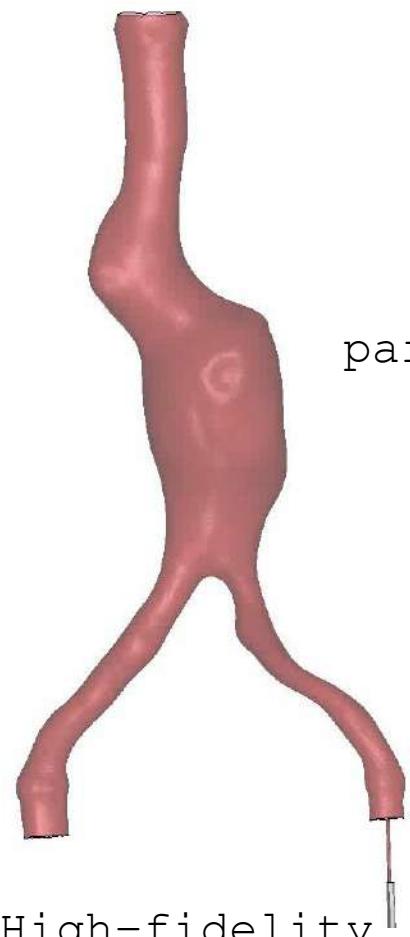


<b>Mechanical parameters</b>
Aortic elasticity
Guidewire's stiffness



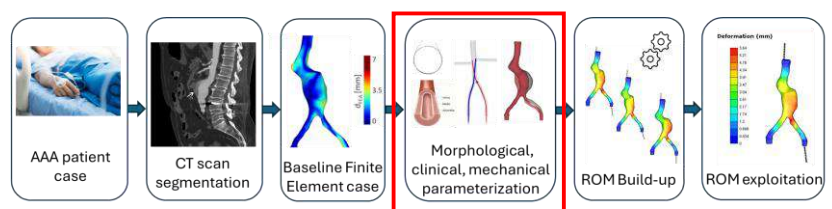
$$0.8 \text{ MPa} \leq E_{\text{aorta}} \leq 3 \text{ MPa}$$

$$60 \text{ GPa} \leq E_{\text{wire}} \leq 200 \text{ GPa}$$

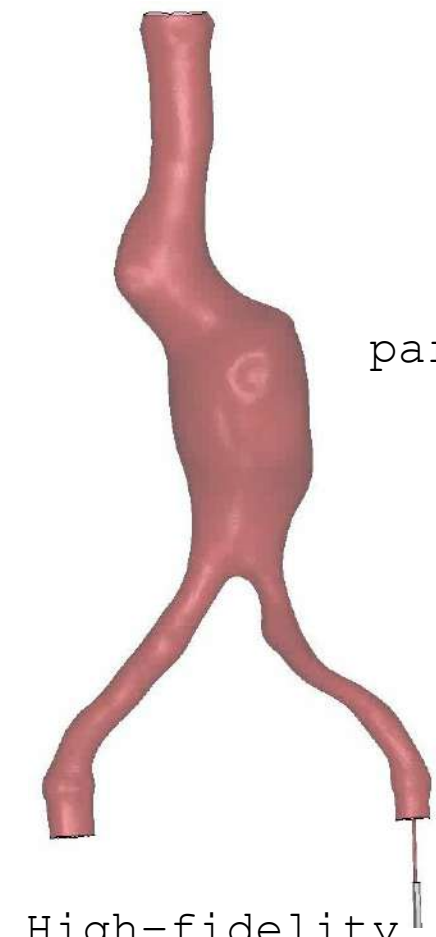


Problem parameterization

High-fidelity Finite Element simulation



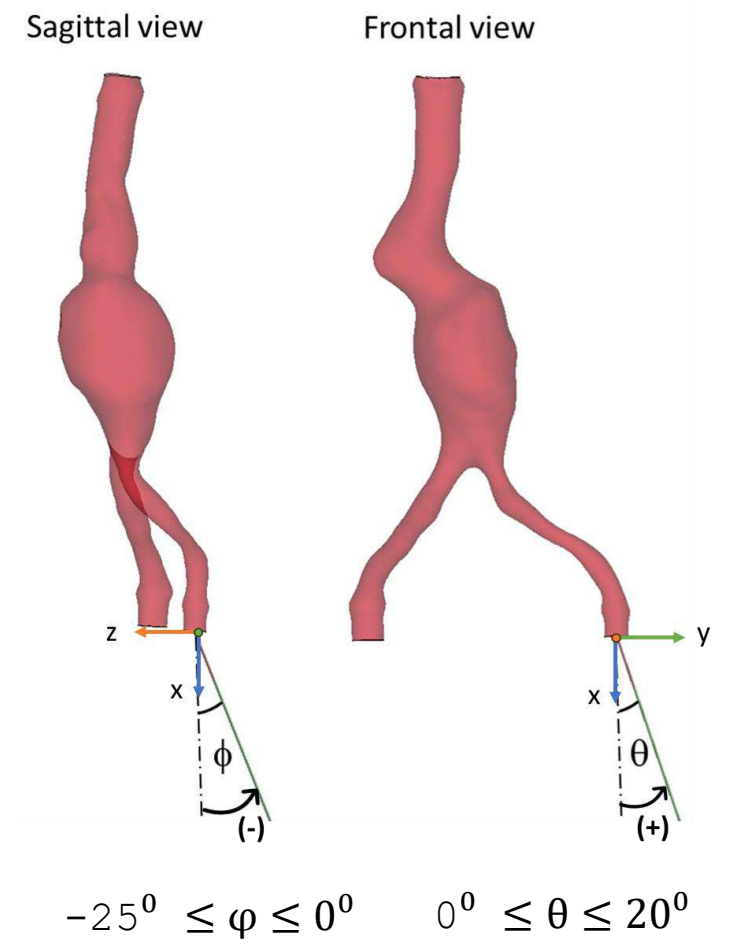
# Case Parameterization



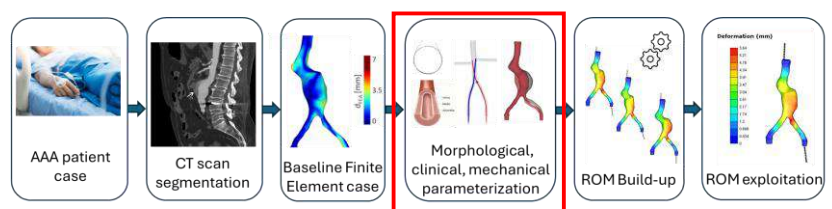
High-fidelity  
Finite Element  
simulation

Problem  
parameteriza  
tion

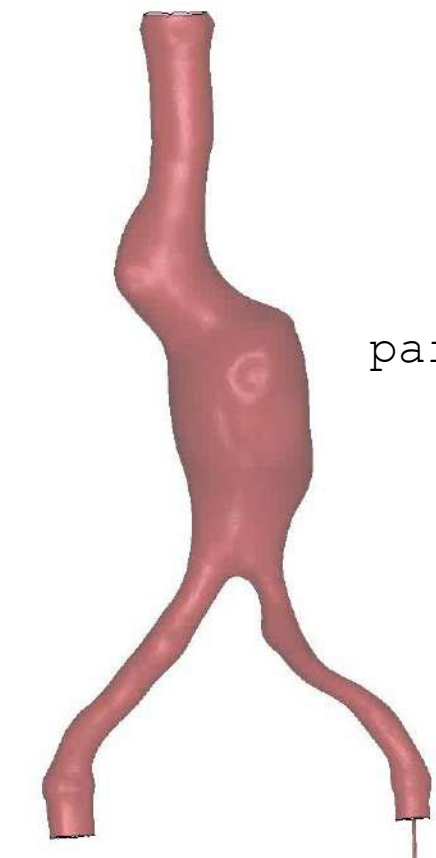
<b>Mechanical parameters</b>
Aortic elasticity
Guidewire's stiffness
<b>Clinical parameters</b>
Insertion angles







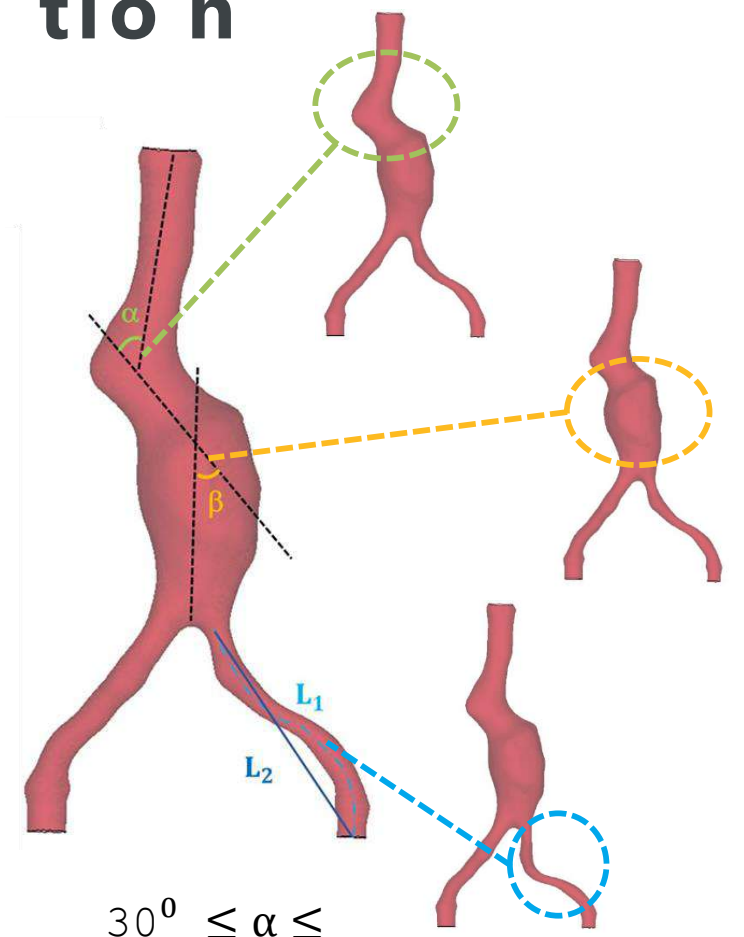
# Case Parameterization



High-fidelity Finite Element simulation

Problem parameterization

Mechanical parameters
Aortic elasticity
Guidewire's stiffness
Clinical parameters
Insertion angles
Morphological parameters
Supra-renal neck angle $\alpha$
Infra-renal neck angle $\beta$
Left iliac artery tortuosity $\tau$

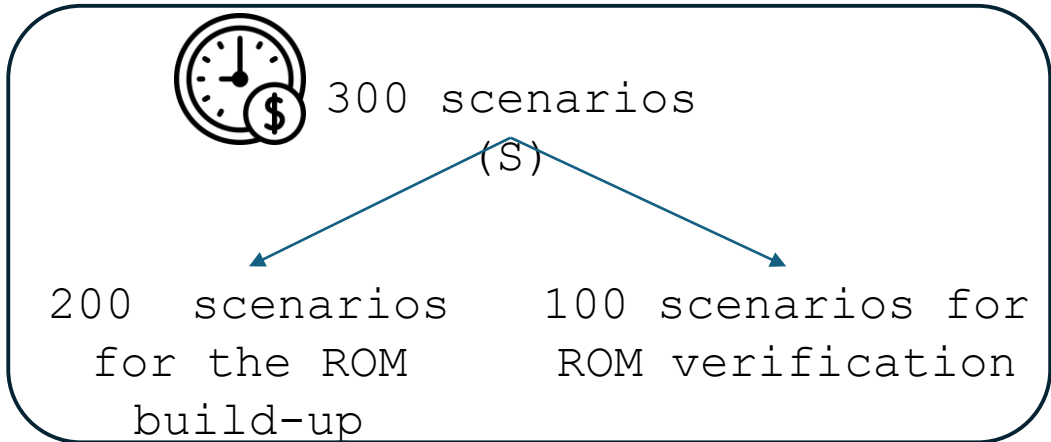
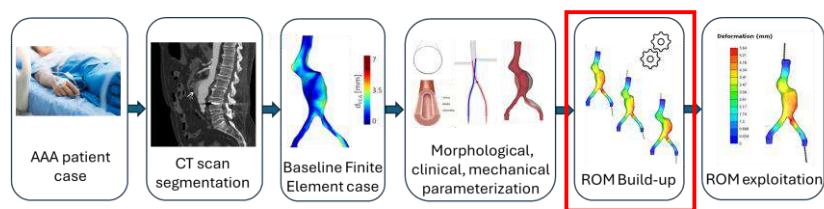


$$30^\circ \leq \alpha \leq 55^\circ$$

$$25^\circ \leq \beta \leq 60^\circ$$

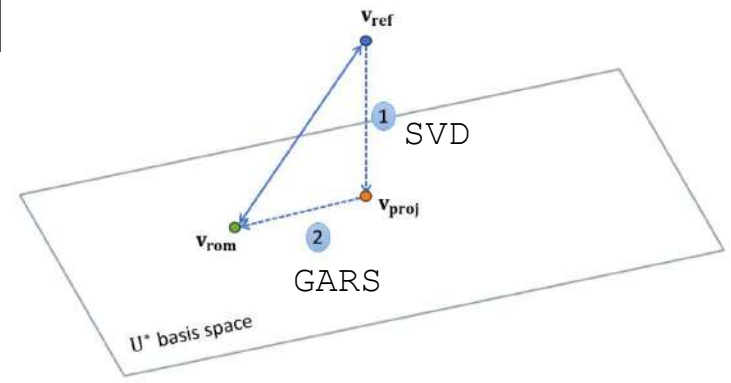
$$0.09 \leq \tau \leq 0.15 \quad \tau = \frac{L_1}{L_2} - 1$$

# Study II: ROM Build



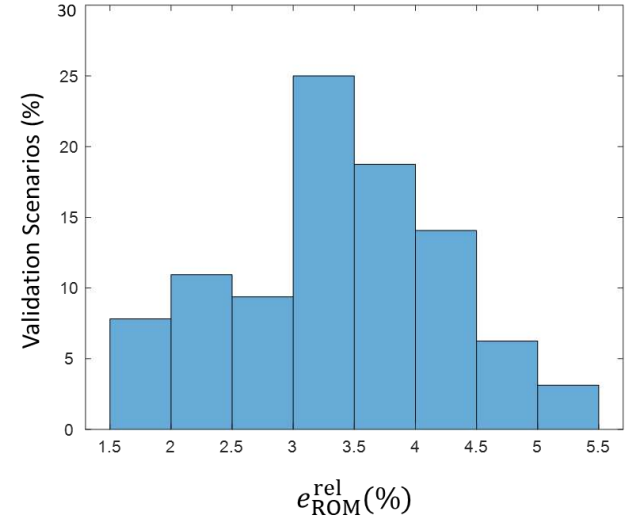
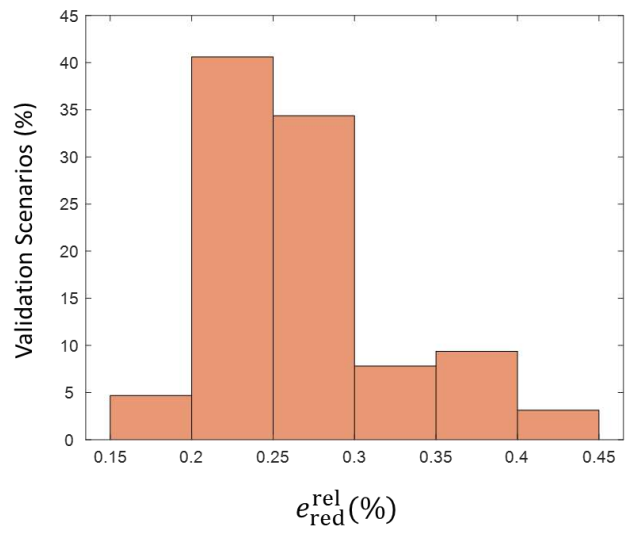
$$e_{red}^{RMS} = \frac{\|A - A_r^*\|}{\|A\|}$$

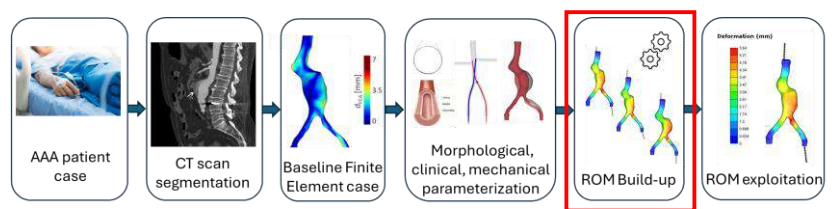
Relative Reduction Error:  
 Number of modes:  $r = 38$   
 $e_{red}^{RMS} = 0.2$  %



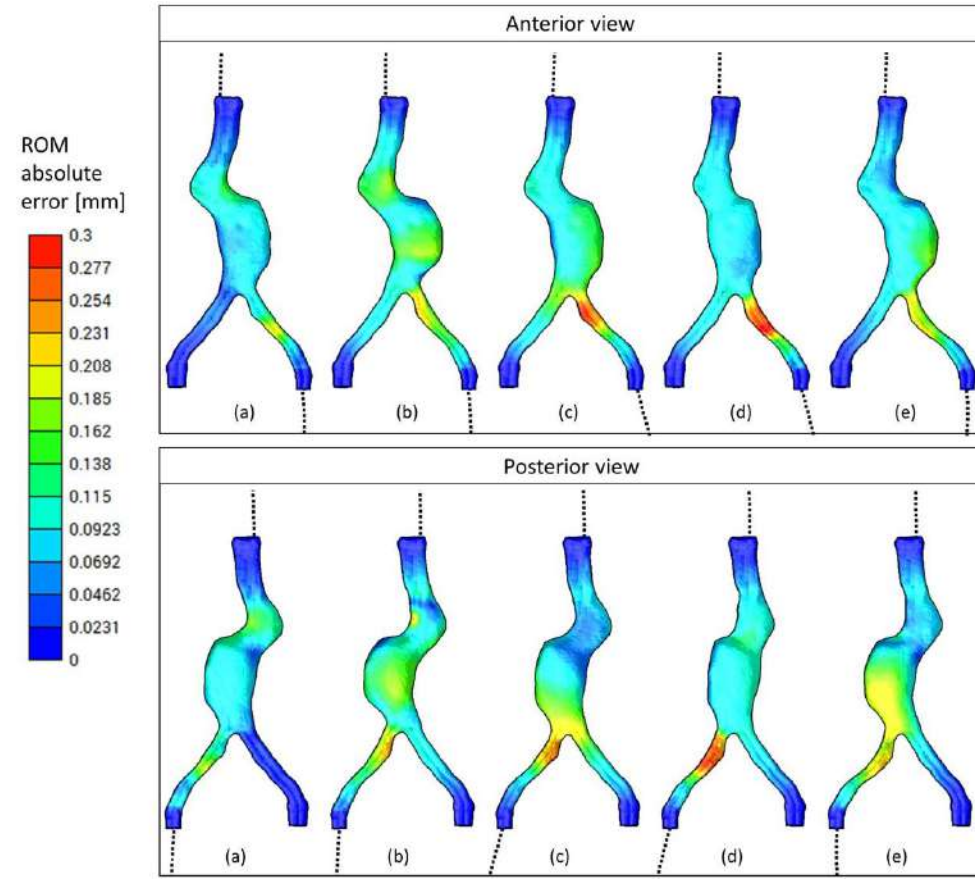
$$e_{red}^{rel} = \frac{\|v_{ref} - v_{proj}\|}{\|v_{ref}\|}$$

$$e_{ROM}^{rel} = \frac{\|v_{ref} - v_{rom}\|}{\|v_{ref}\|}$$





# Study II: ROM Accuracy

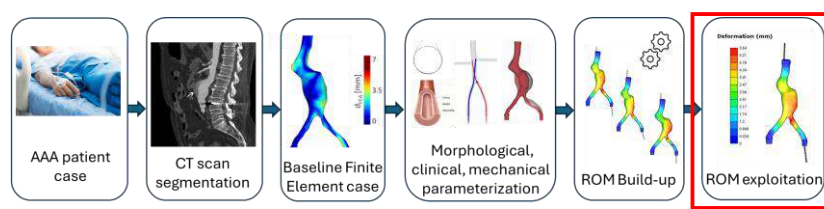


- Highest discrepancies at the root of the common iliac artery (c, d)
- Final ROM errors less than 0.3mm

**i** Digital Subtraction Angiography (DSA) precision  $\approx$  0.5mm

$$\text{ROM absolute error} = |FE_{\text{sol}} - \text{ROM}_{\text{pred}}|$$

# ROM Exploitation



**Available ROMs**

ROM\_200\_training\_correct

**ROM Information**

Name: ROM\_200\_training\_correct  
 Parameters (fields): 7 (0)  
 Learning Snapshots: 200  
 Output: 39 modes  
 Version: 2022R2

**Evaluate ROM**

Parameter	Value
Aortael	1.72685e+00
Stif	9.01417e+04
phi	-9.99357e-03
theta	2.49855e-01
trans_bump	2.81954e+00

**Deformation (mm)**

10  
9.23  
8.46  
7.69  
6.92  
6.15  
5.38  
4.62  
3.85  
3.08  
2.31  
1.54  
0.769  
0

Computerized Medical Imaging and Graphics  
 Volume 37, Issue 2, March 2013, Pages 142-149

**Prediction of deformations during endovascular aortic aneurysm repair using finite element simulation**

Adrien Kaladji<sup>a, b, c</sup>, Aurélien Dumenil<sup>b, c</sup>, Miguel Castro<sup>b, c</sup>, Alain Cardon<sup>a</sup>, Jean-Pierre Becquemin<sup>a</sup>, Benyebka Bou-Said<sup>a</sup>, Antoine Lucas<sup>a, b, c</sup>, Pascal Hajjroun<sup>b, c</sup>

<https://doi.org/10.1016/j.compmedimag.2013.03.002>

In line with observations of Kaladji et al.:

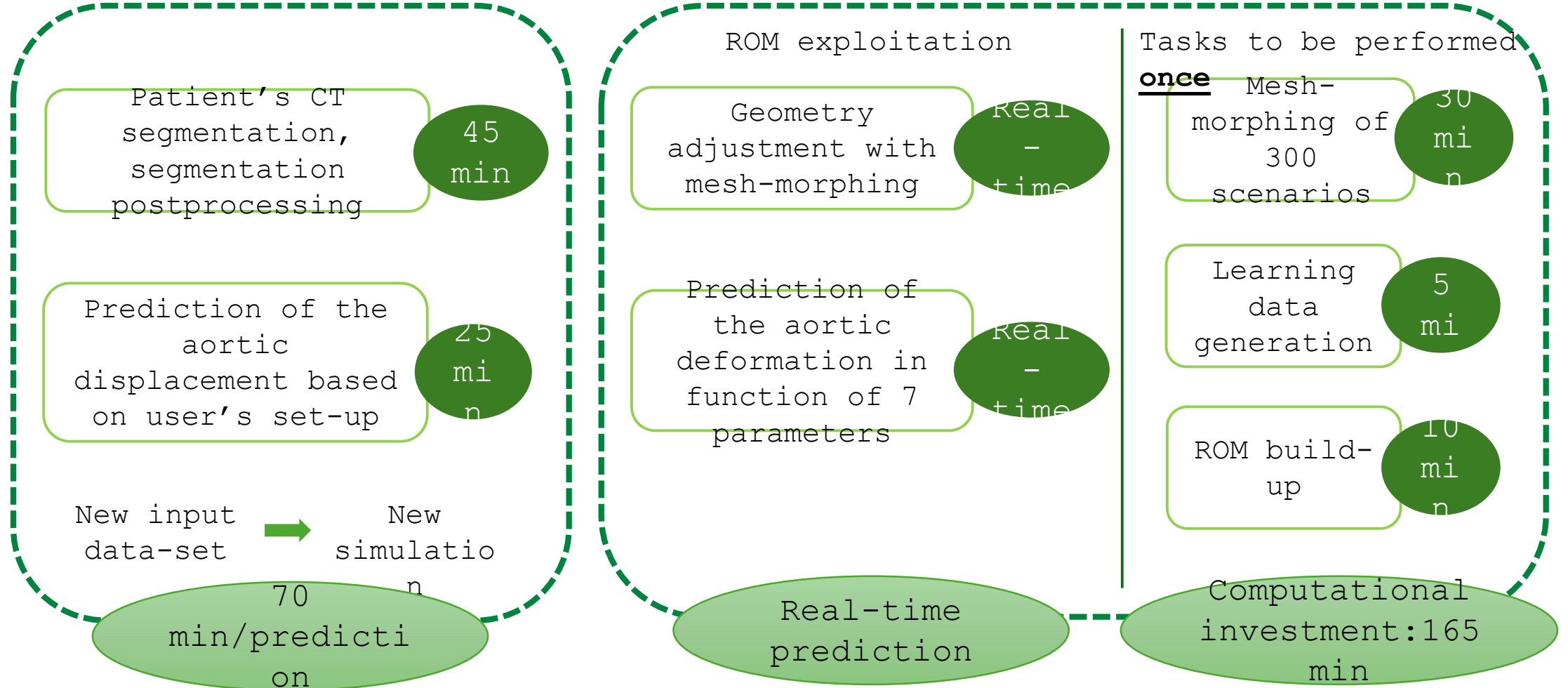
- Highest values of displacement at the root of the common iliac artery on the side of insertion
- Magnitude of displacement equal to  $10.2 \pm 3.3$  mm



# Study II: Time frame Comparison

## Finite Element Method

## ROM trained on Finite Element Simulations



# Study II: Conclusions

A comprehensive framework which fuses the **ROM approach** and the **RBF mesh morphing** for the **prediction of the guidewire-induced deformations** was presented.

## Research Highlights

- ✓ ROM build-up within **3 hours and 15 minutes** starting from CT images.
- ✓ Exploration of a wide spectrum of scenarios, varying **7 mechanical, morphological and clinical parameters**.
- ✓ Fast ROM execution compatible with **pre- and intra-operative** timeframe.

## Limitations & Future Directions

- Inclusion of more **learning scenarios**
- Application of the workflow to more **challenging anatomies**
- Adoption of more **realistic boundary conditions** and **material model** for aortic tissue

# Overview of the performed studies

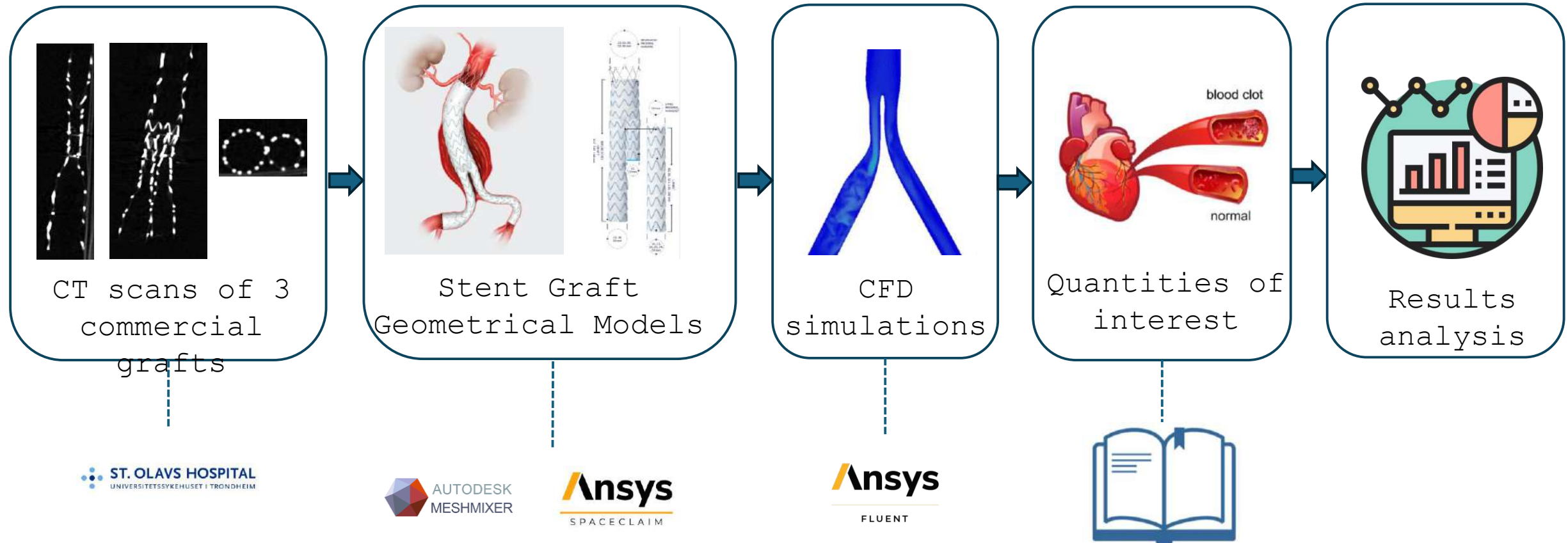
- Development of Reduced Order Model for the support of modified Blalock Taussig shunt (MBTS) procedures
- Development of Reduced Order Model for the assisting of the pre-operative planning and intra-operative EVAR navigation
- Investigation of the post-EVAR thrombotic events on simplified abdominal commercial stent grafts, through computational fluid dynamic simulations

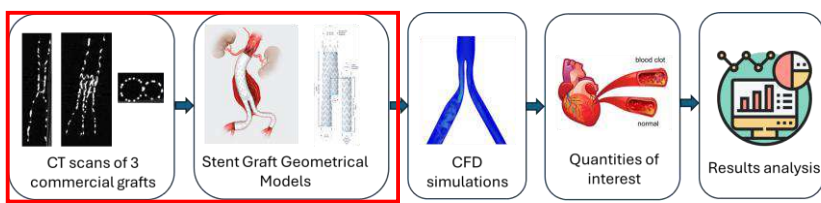
Study  
I

Study  
II

Study  
III

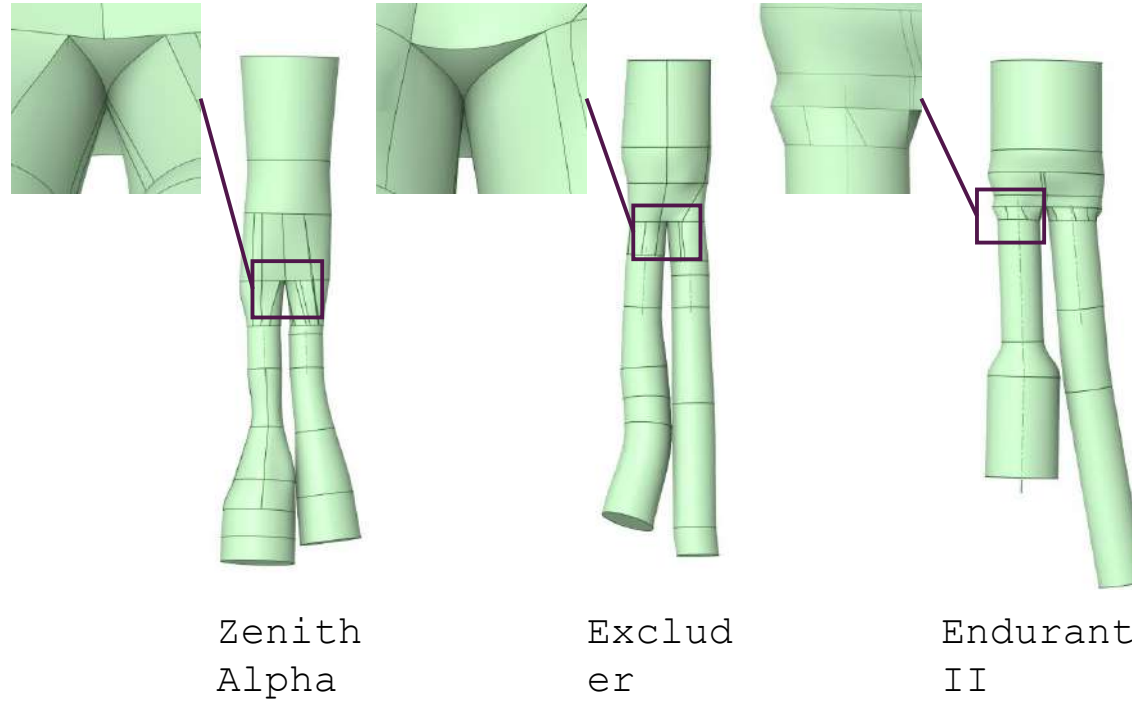
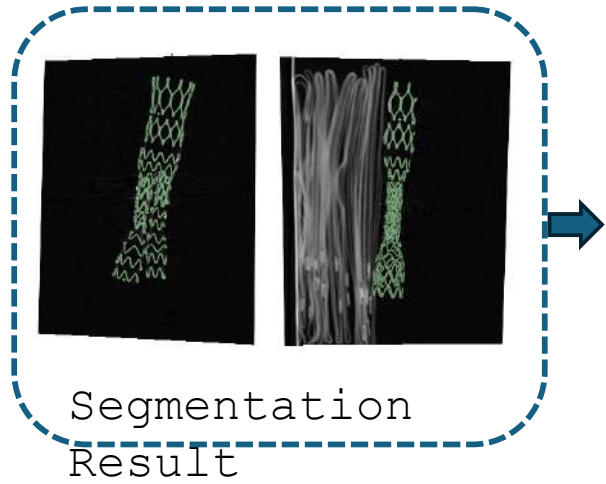
# Study III: Stent Graft Thrombosis



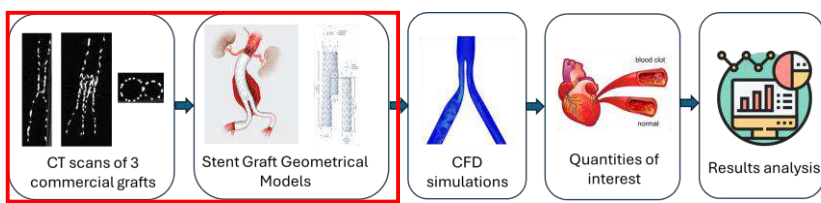


# Stent Graft CAD Modeling

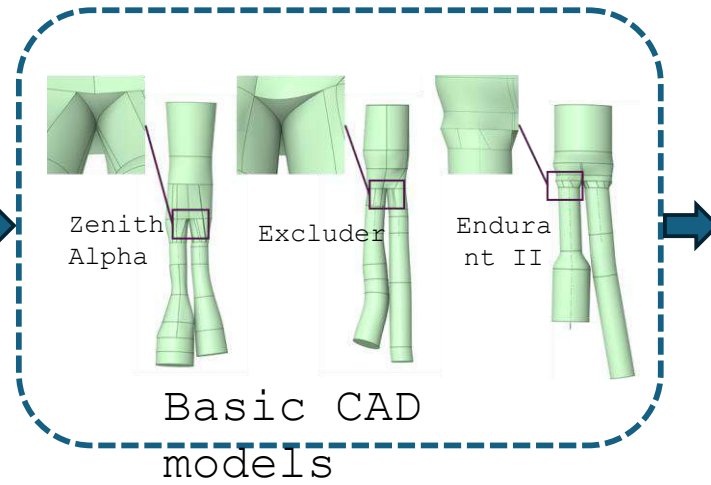
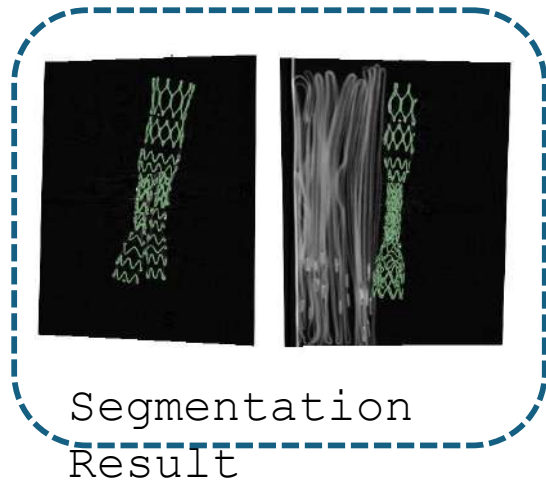
Basic CAD models







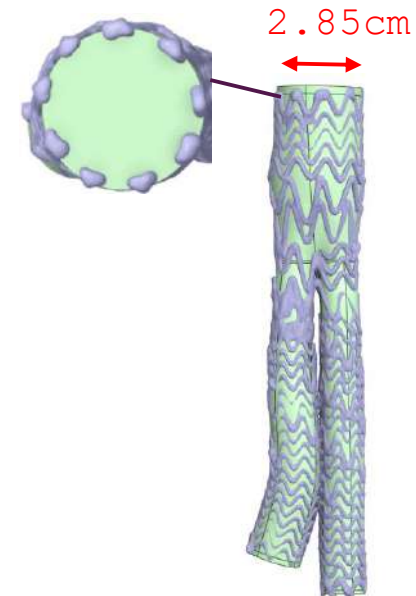
# Stent Graft CAD Modeling



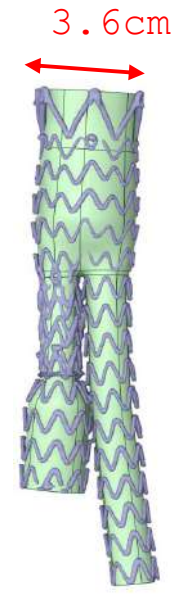
Precise CAD models



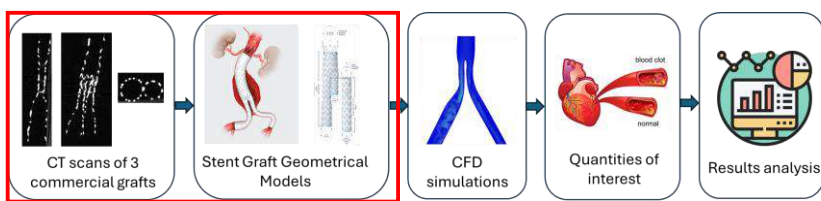
Zenith Alpha



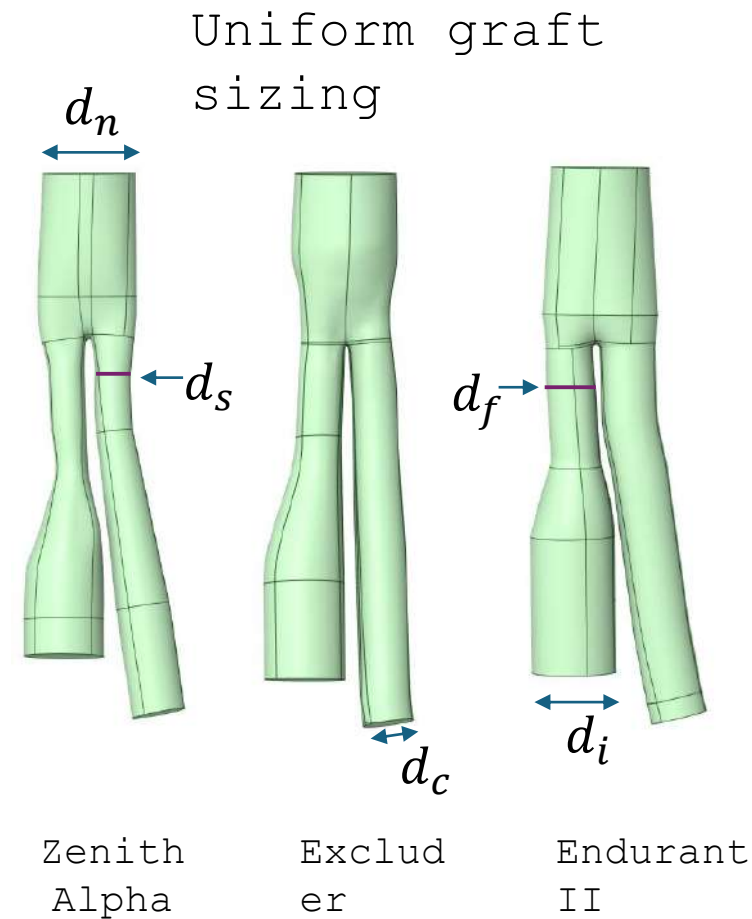
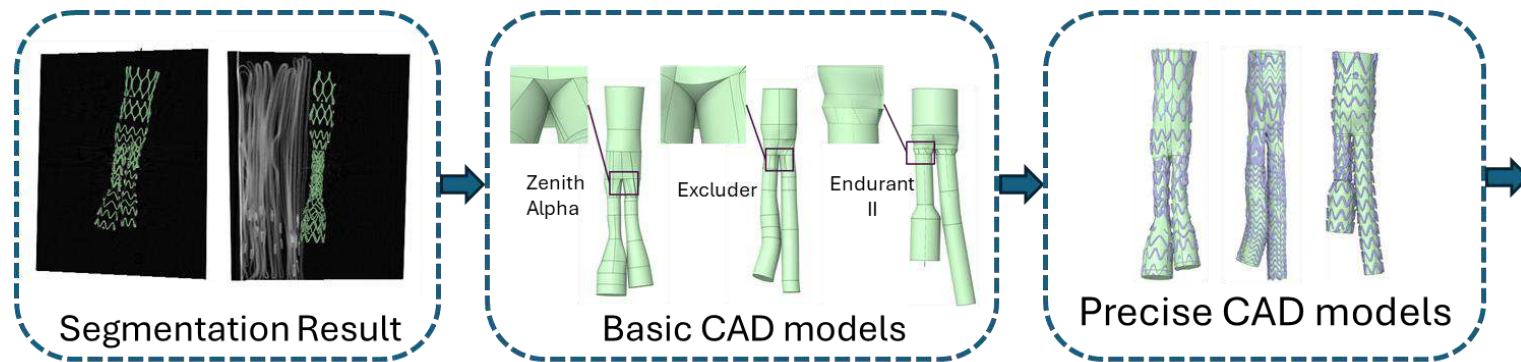
Excluder



Endurant II

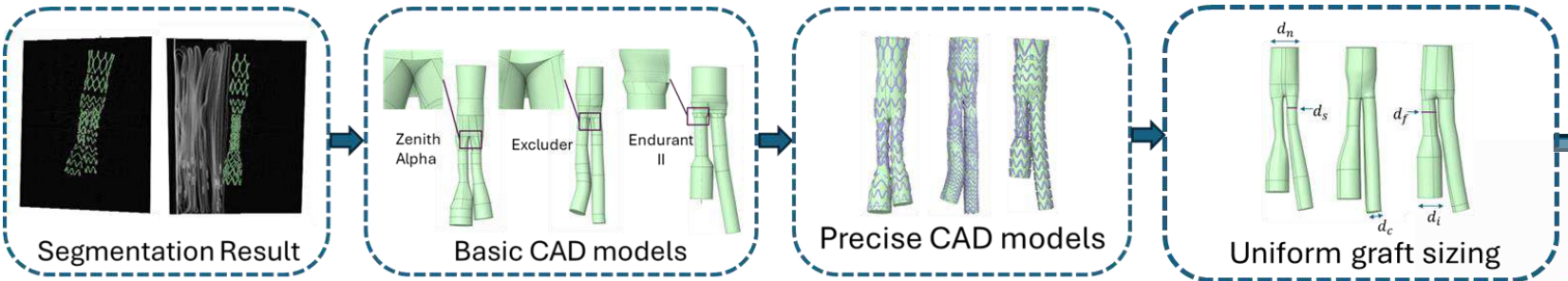
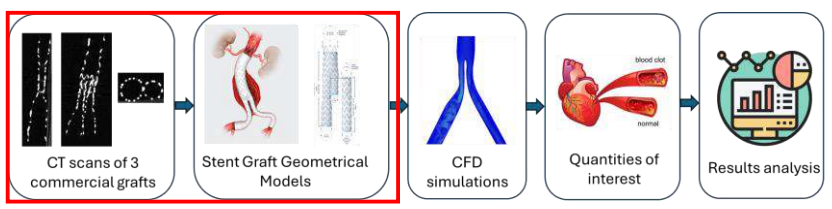


# Stent Graft CAD Modeling



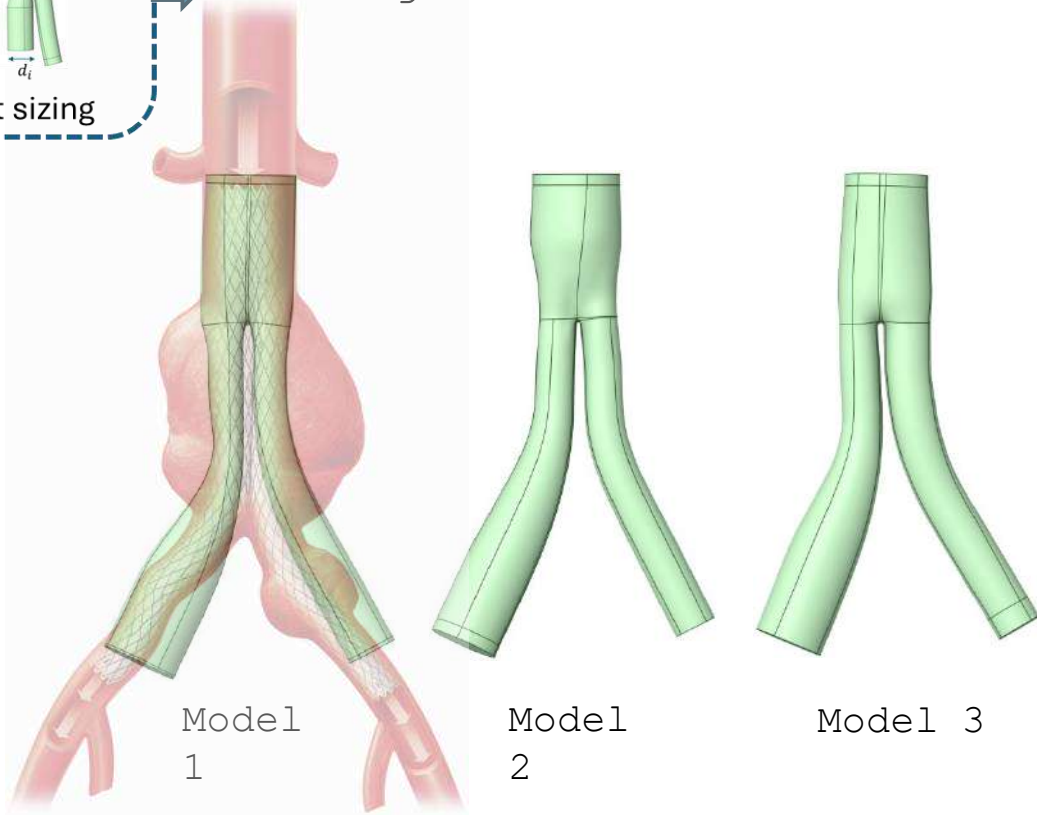
(cm)	$d_n$	$d_s$	$d_c$	$d_f$	$d_i$
Zenith Alpha	28	11	16	11	24
Excluder	28.5	13	14.5	13	23
Endurant II	28	16	16	13	24

# Stent Graft CAD Modeling

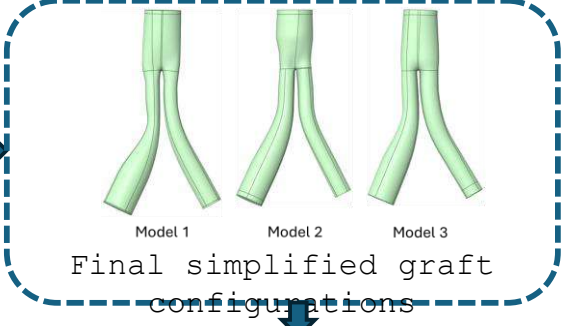
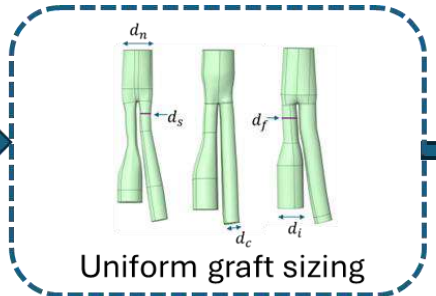
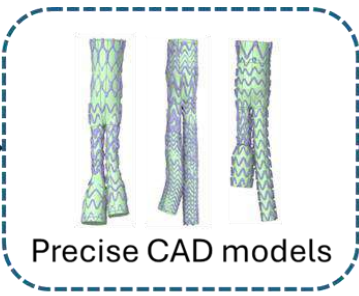
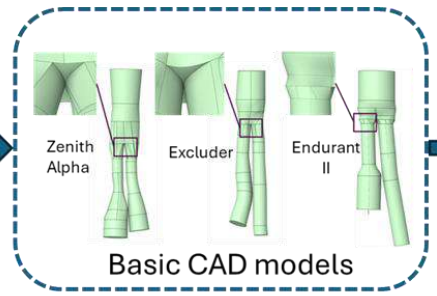
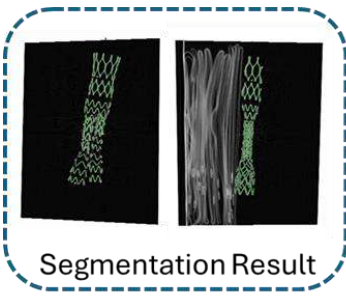
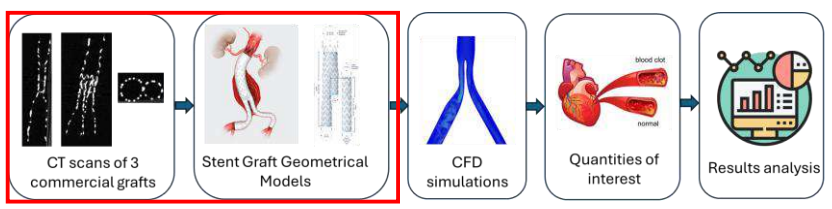


Final simplified graft configurations

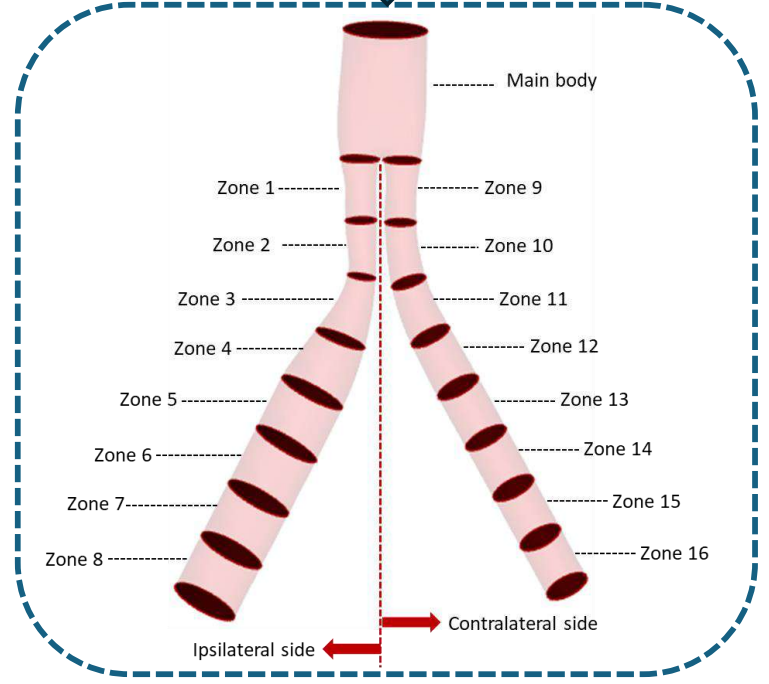
Extensive CAD changes → Uncertainty ↗



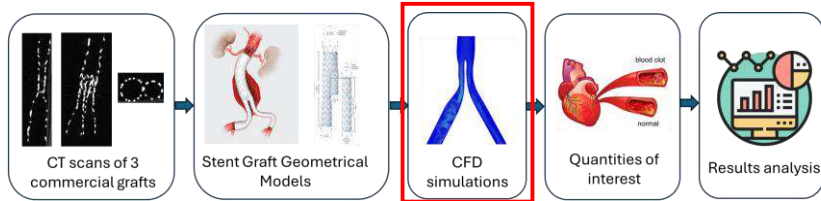
# Stent Graft CAD Modeling



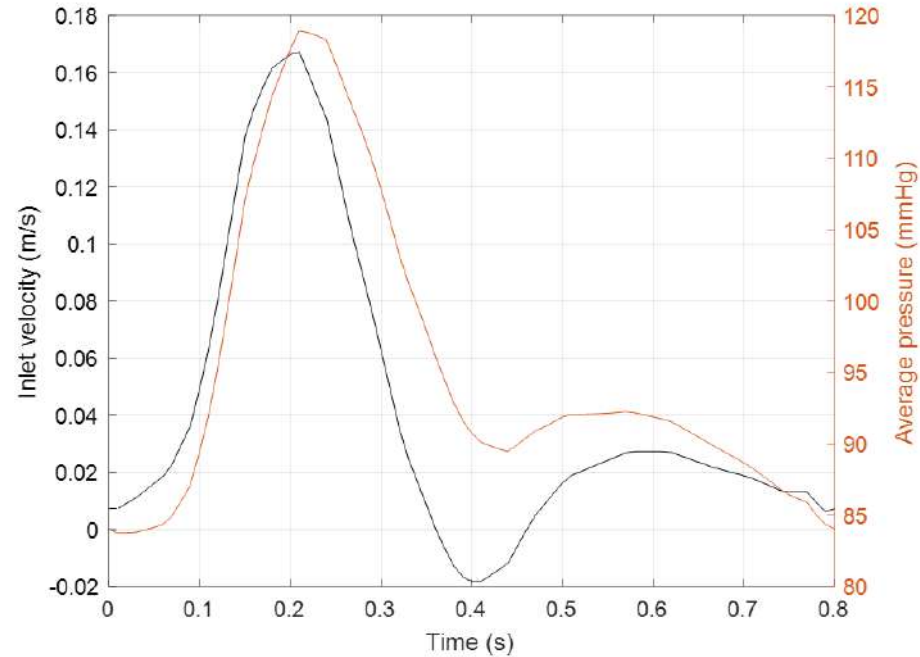
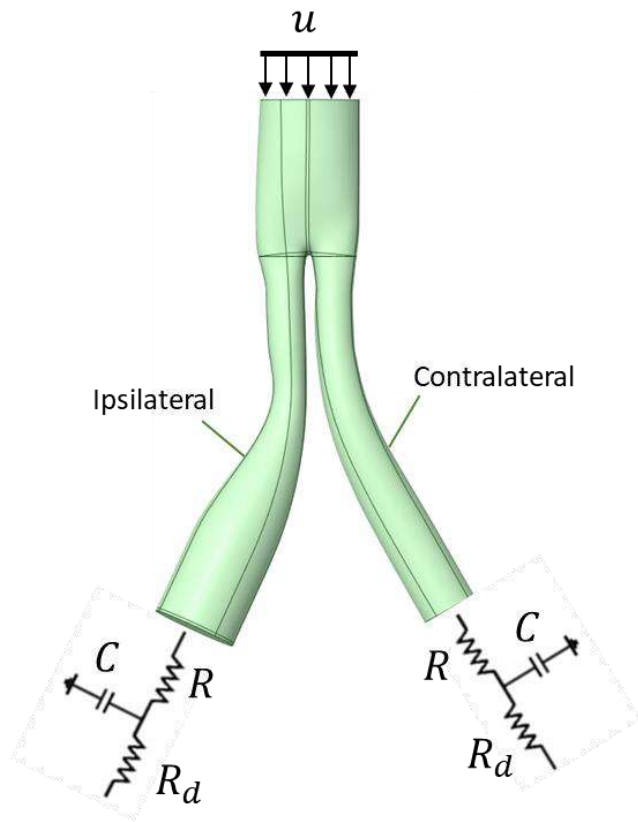
Division of blood flow domain







# Study III: CFD set-up



Comparative Study > J Vasc Surg. 2003 Jan;37(1):118-23. doi: 10.1067/mva.2002.107.

**Comparison of abdominal aortic hemodynamics between men and women at rest and during lower limb exercise**

Christopher P Cheng<sup>1</sup>, Robert J Herfkens, Charles A Taylor

Affiliations + expand  
 PMID: 12514587 DOI: 10.1067/mva.2002.107  
 Free article

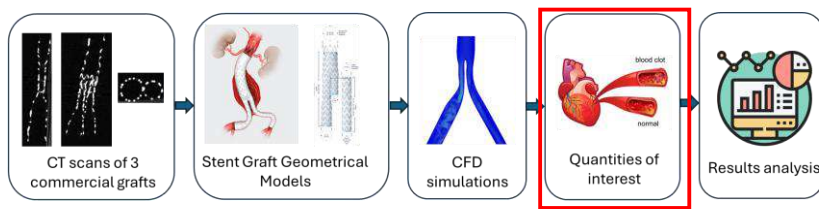
## Blood properties

- Newtonian fluid
- Density  $\rho=1060\text{kg/m}^3$
- Viscosity  $\eta=0.0035\text{ Pa s}$

## Flow modeling

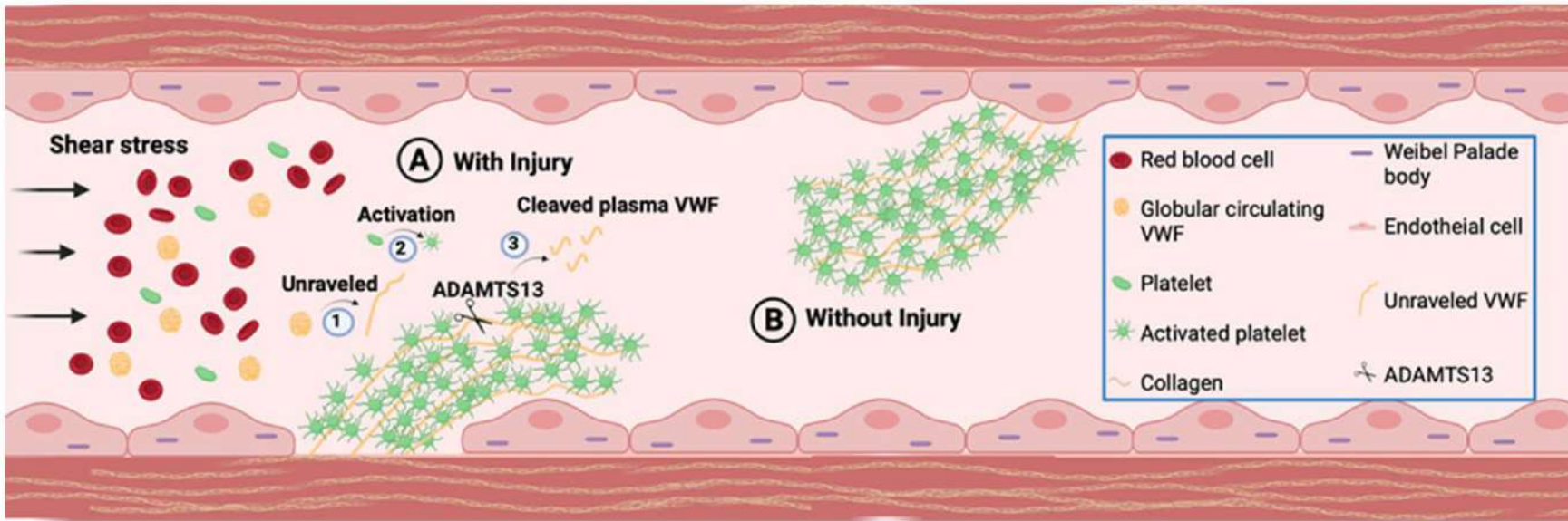
- Laminar
- Transient Simulation





# Shear Strain Rate & Blood clots

## 1 Shear Strain Rate (SSR)



VWF is unraveling in high SSR.

What do we mean with high SSR?

$SSR > 5000s^{-1}$

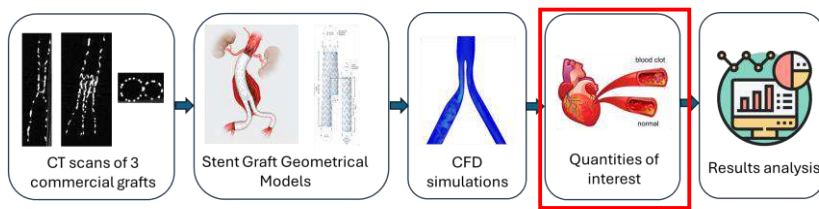
Casa, L. D. & Ku, D. N. Thrombus formation at high shear rates. *Annu. Rev. Biomed. Eng.* **19**, 415–433 (2017).

$SSR > 4000s^{-1}$

Sakariassen, K. S., Orning, L. & Turitto, V. T. The impact of blood shear rate on arterial thrombus formation. *Future Sci. OA* **1**, fso.15.28 (2015).

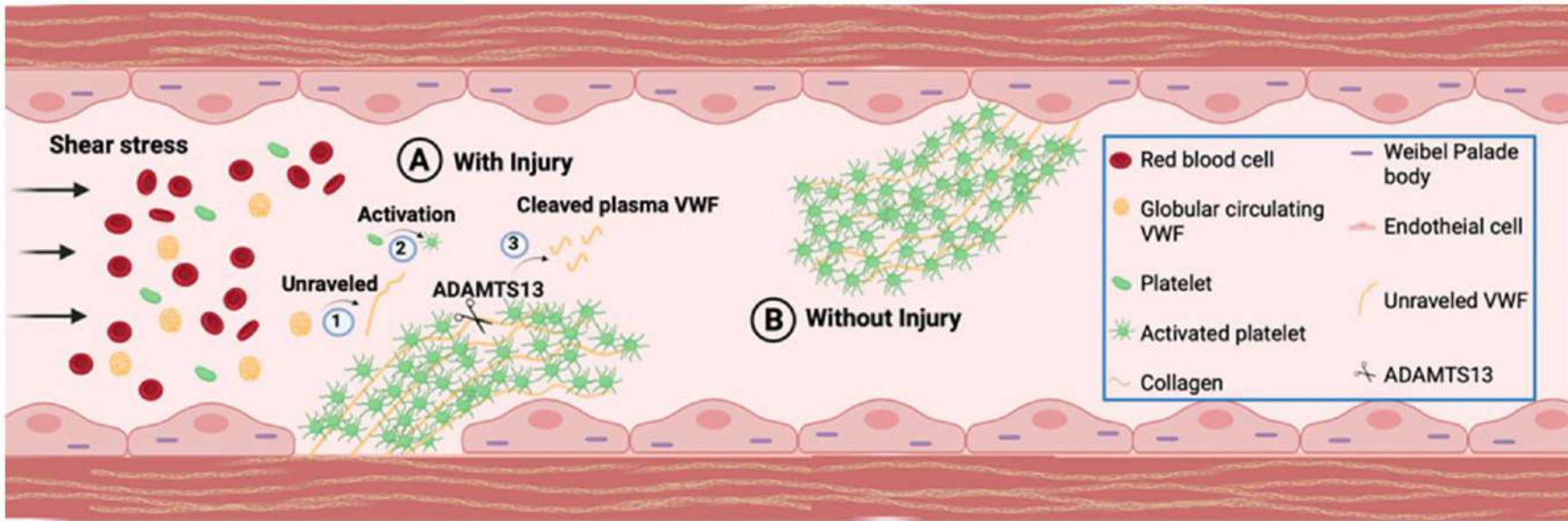
$SSR > 3000s^{-1}$

Ruggeri, Z. M. The role of von Willebrand factor in thrombus formation. *Thromb. Res.* **120**, S5–S9 (2007).



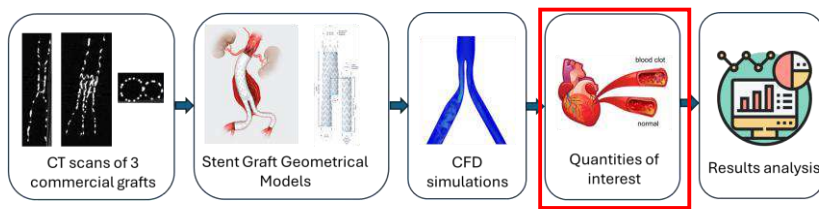
# Shear Strain Rate & Blood clots

## 1 Shear Strain Rate (SSR)



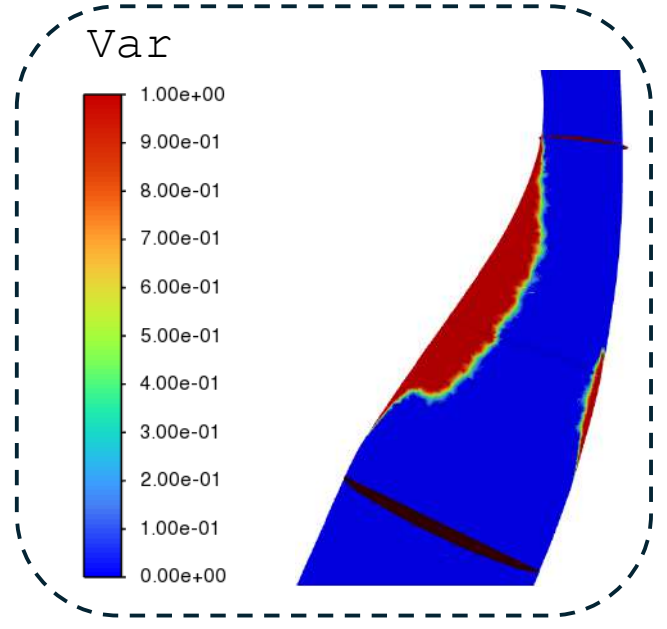
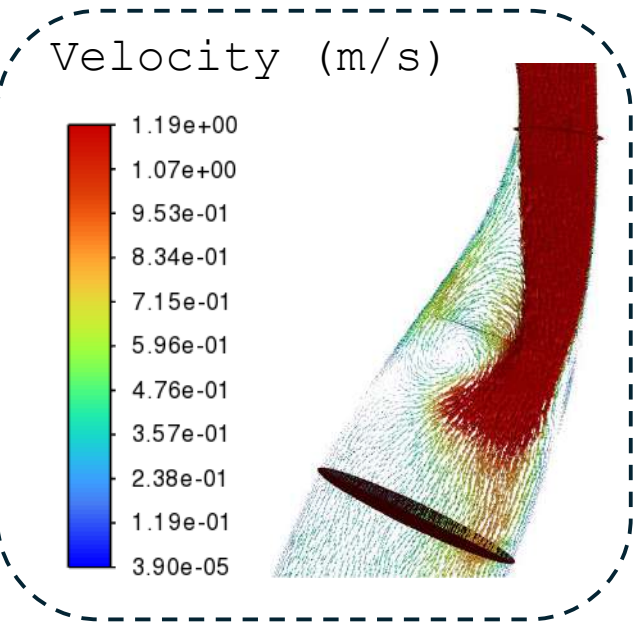
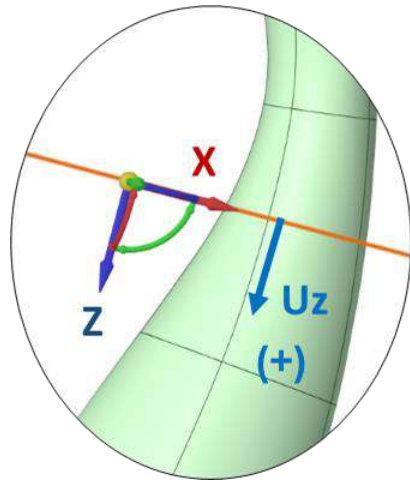
Measurement of the volume of each zone,  $V_{SSR}$ , that is exposed to  $SSR > 3000 \text{ s}^{-1}$

VWF is unraveling in high SSR.



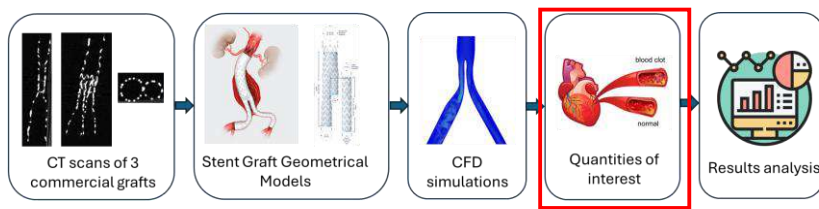
# Recirculation & Blood clots

2 Recirculation  
 Reverse flow monitoring  
 Velocity vectors analysis



$$V_{back} = \frac{\sum v_{cell}}{V_{zone}} \quad 100\% \text{ of } U_z < 0$$

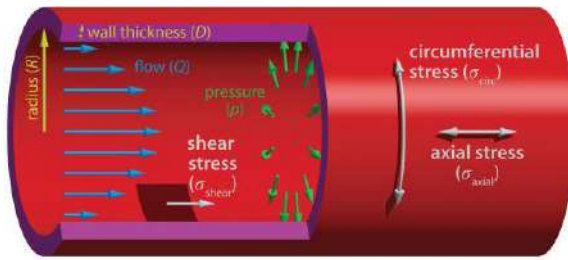
$$Var = \begin{cases} 1, & U_z < 0 \\ 0, & U_z > 0 \end{cases}$$



# W a l l S h e a r S t r e s s e s & B l o o d c l o t s

## 3 Wall Shear Stress indices

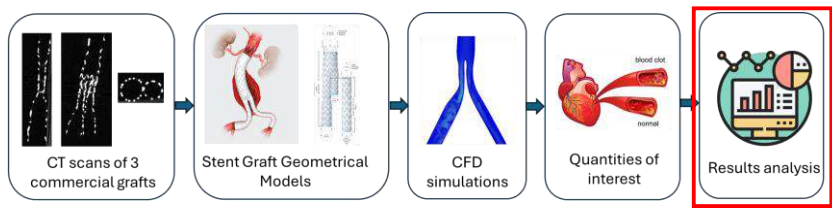
"The endothelium responds to changes in the applied shear stress by altering its anti-inflammatory and anti-thrombogenic properties<sup>1</sup>."



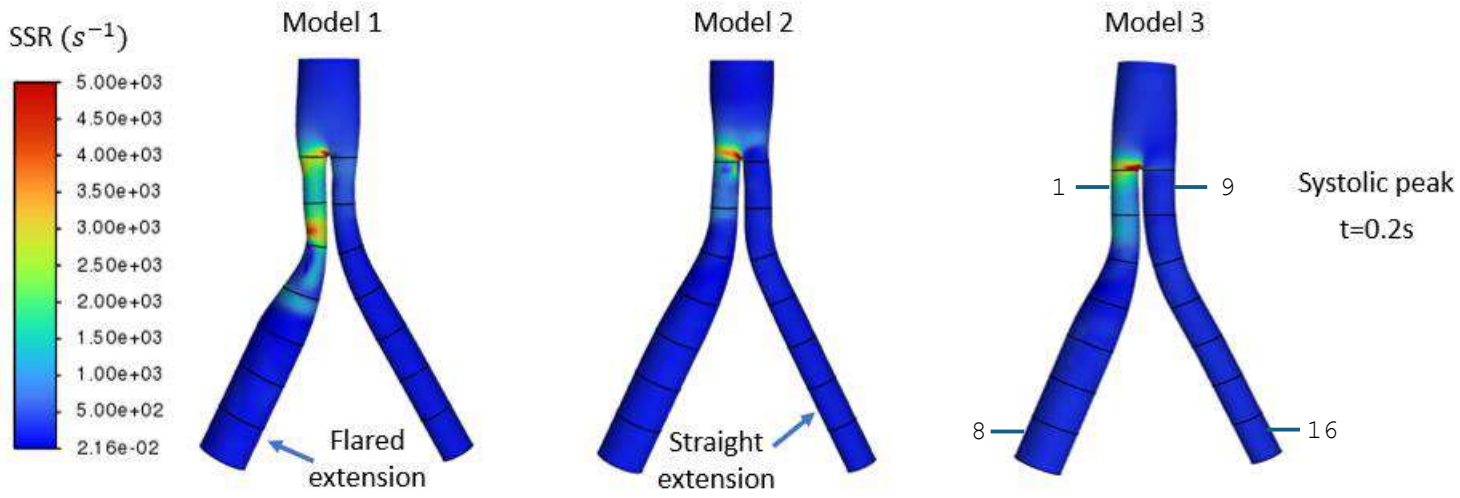
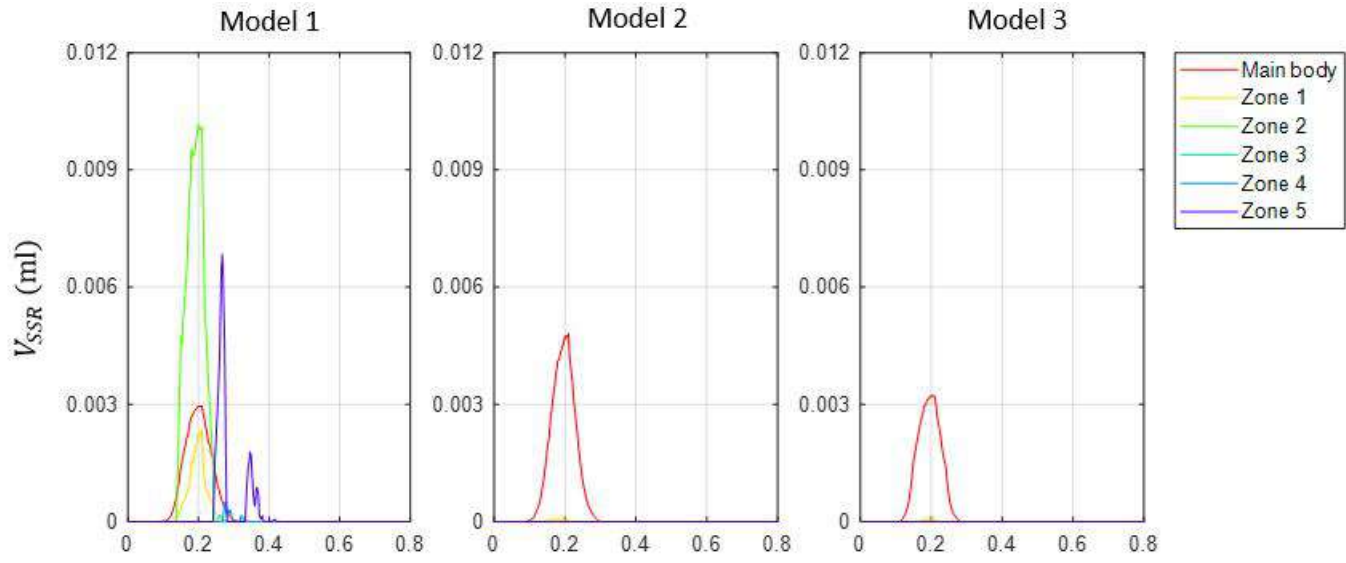
		Thrombus prone range
Time-Averaged WSS	$TAWSS = \frac{1}{T} \int_0^T  WSS  dt$	0.2 - 0.3 Pa
Oscillatory Shear Index	$OSI = \frac{1}{2} \left( 1 - \frac{ \int_0^T WSS dt }{TAWSS} \right)$	> 0.3
Endothelial Cell Activation Potential	$ECAP = \frac{OSI}{TAWSS}$	> 1.4 Pa <sup>-1</sup>

<sup>1</sup> Davies, Peter F. "Hemodynamic shear stress and the endothelium in cardiovascular pathophysiology." *Nature clinical practice Cardiovascular medicine* 6.1 (2009): 16-26.



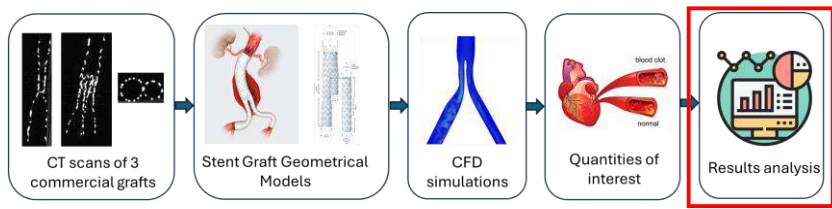


# SSR Results



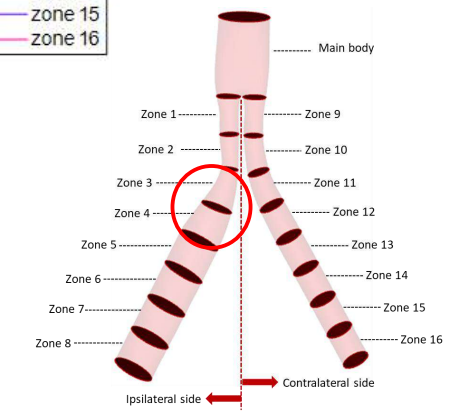
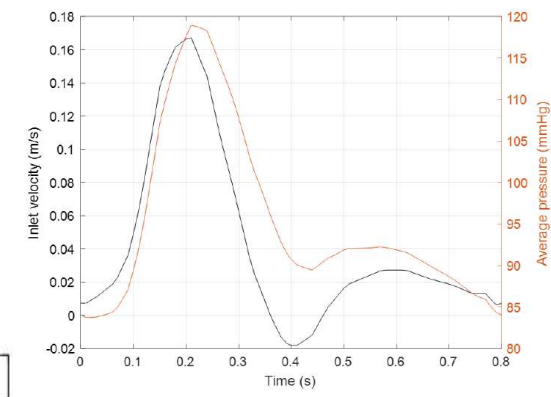
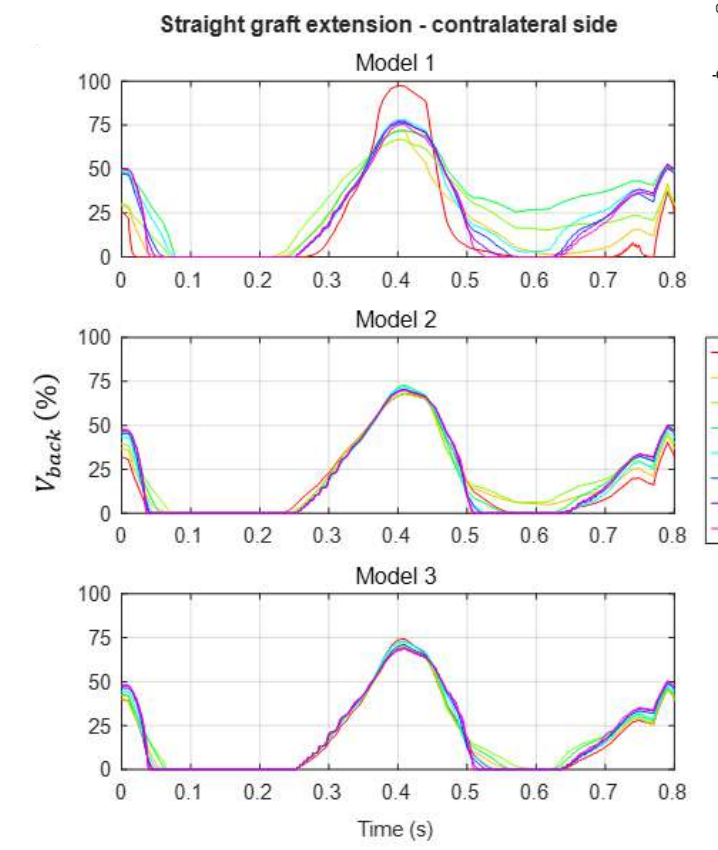
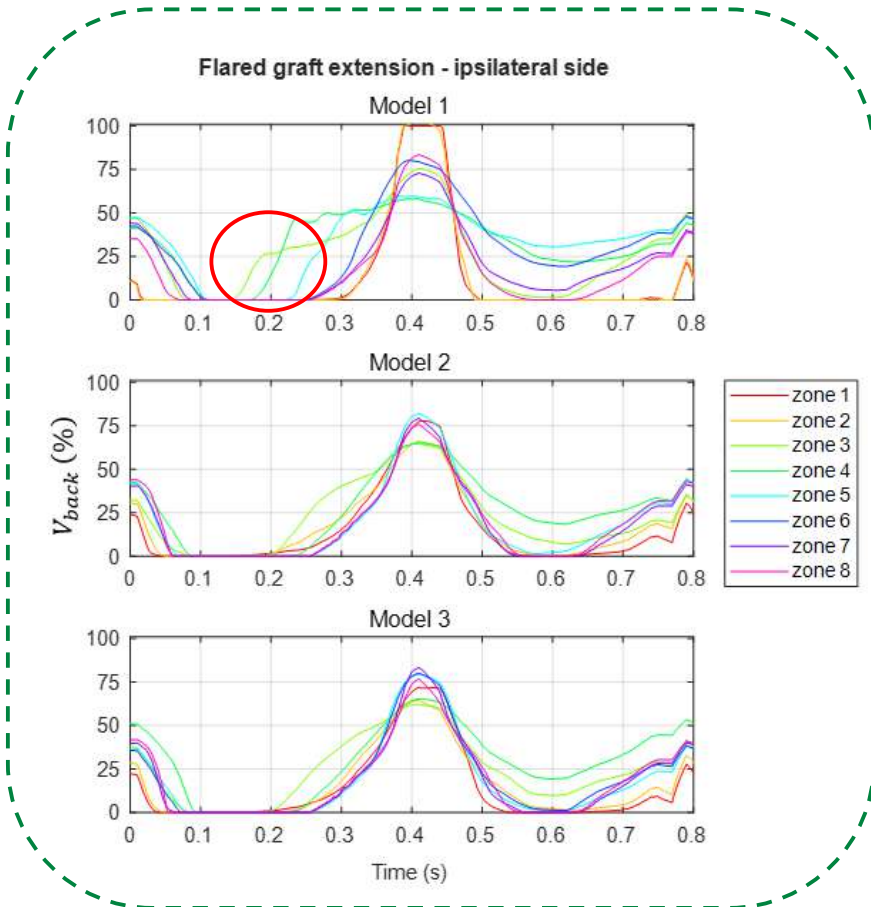
- The bifurcating area of all grafts seems prone to blood clots.
- Model 1 has an increased likelihood of developing a thrombus in its flared extension.

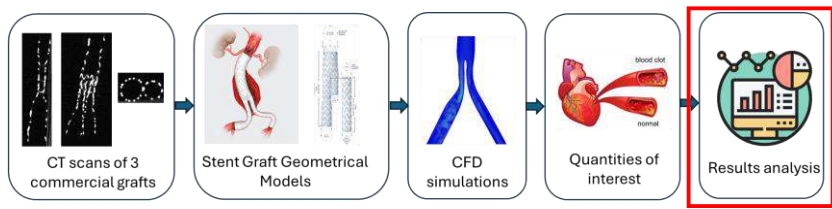




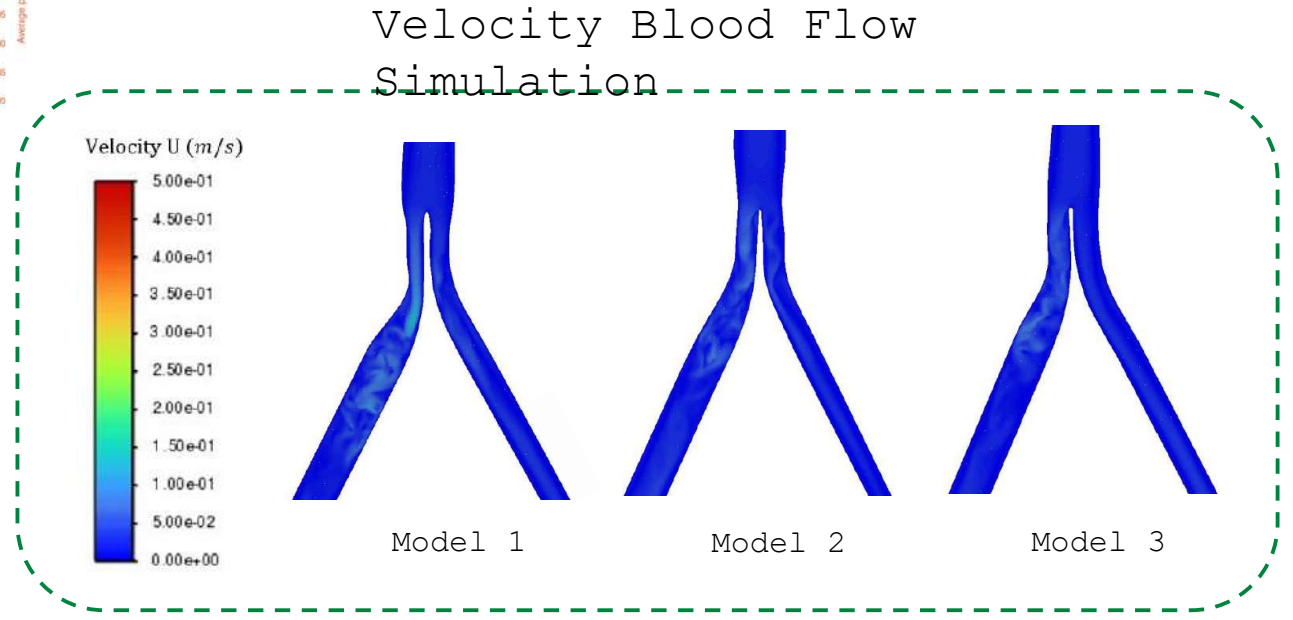
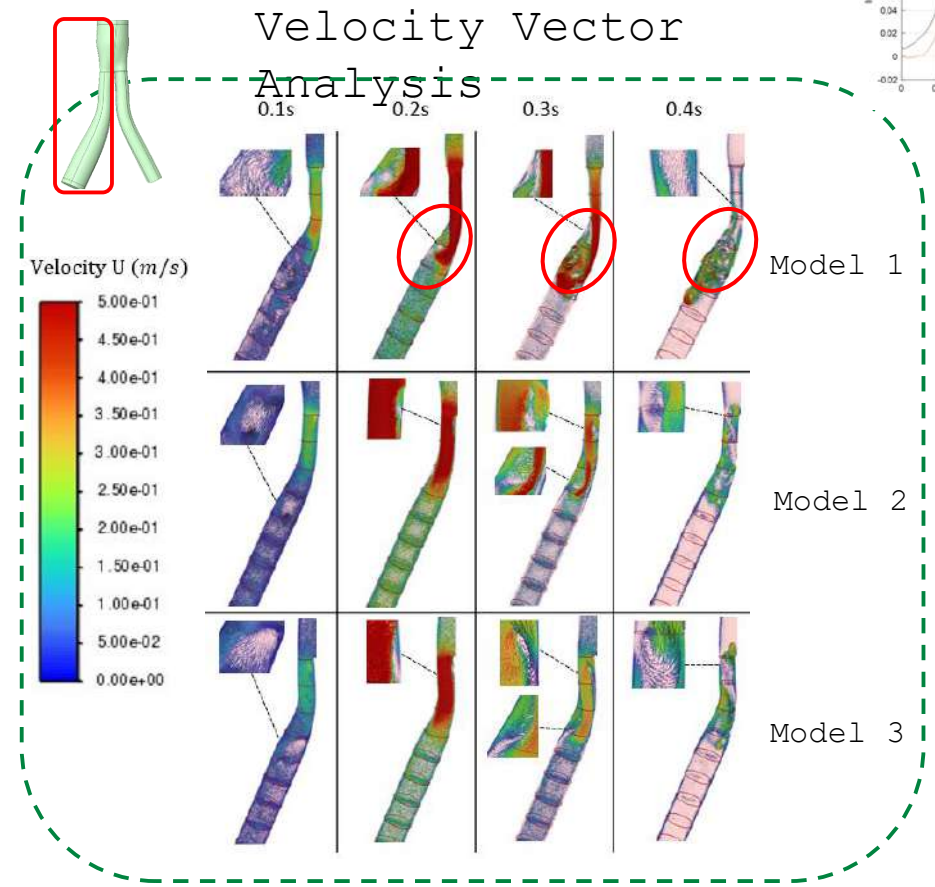
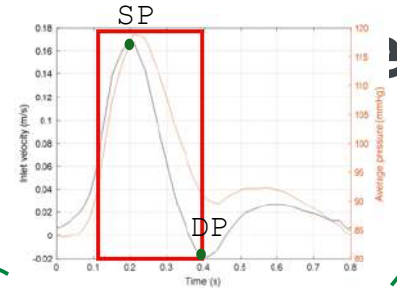
# Recirculation Results : Reverse flow

- Backflow for 90% of the heart cycle in Model 1
- Smaller backflows, with less duration in Models 2, 3

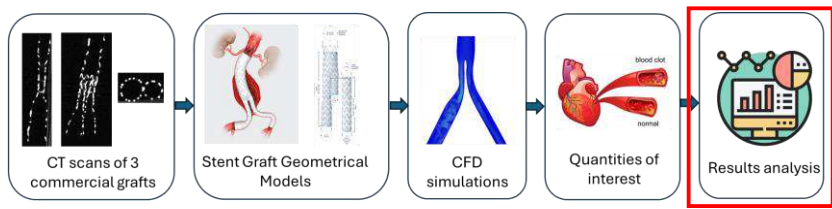




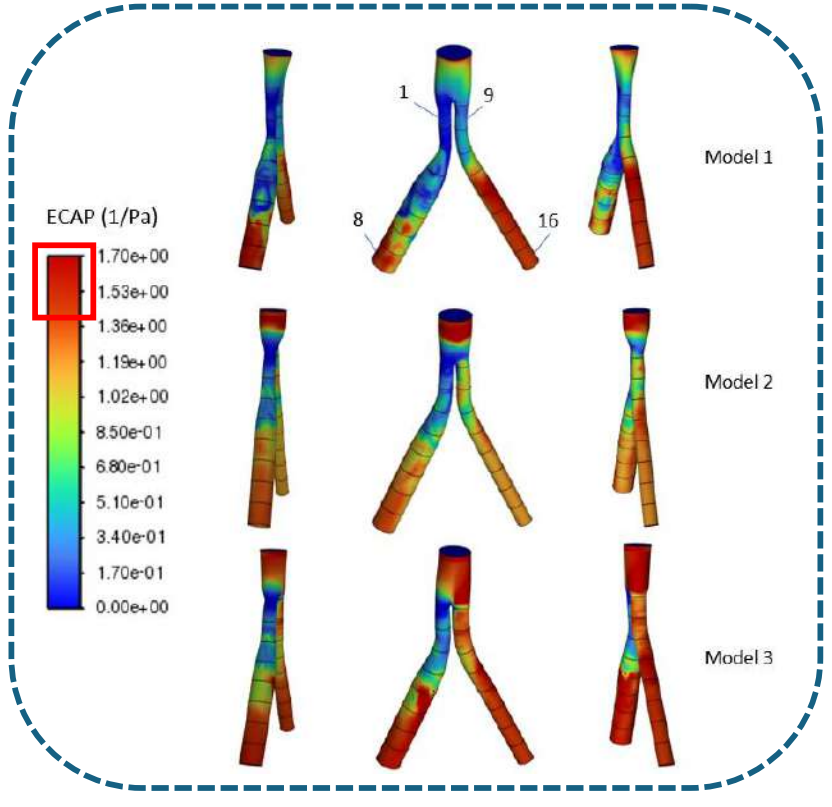
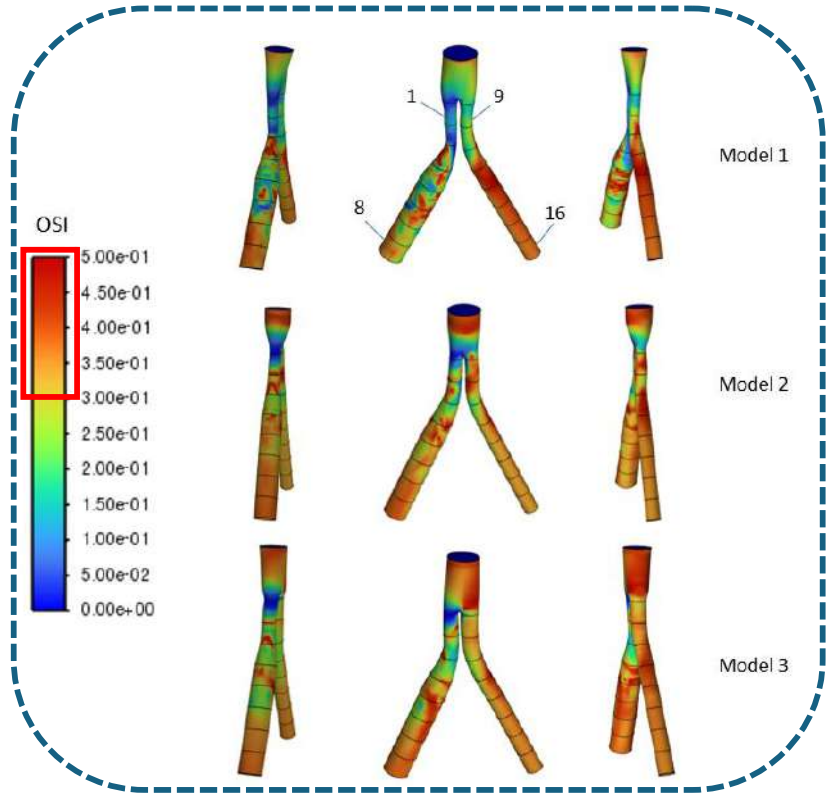
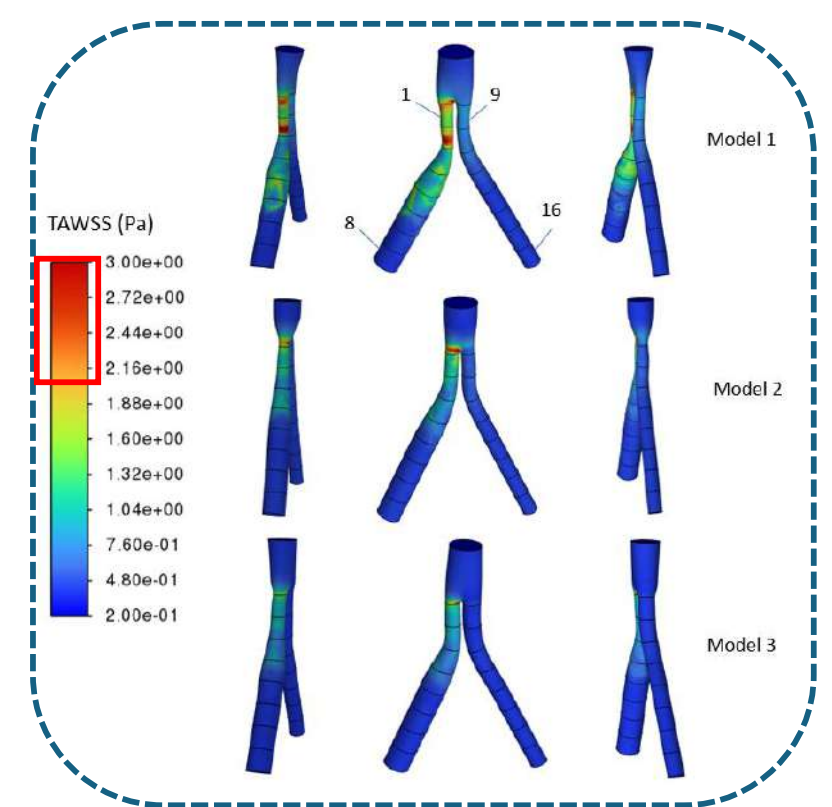
# Recirculation Results : Velocity Analysis



- Distinctive swirl in areas 3-5 of Model 1
- High flow disturbance in the flared extension of Model 1



# W S S -related Indices



Controversial results  
 Challenging interpretation

# Study III: Conclusions

A holistic examination of three simplified abdominal commercial stent grafts was presented to assess their thrombus proneness through a comprehensive blood flow analysis.

## Research Highlights

- ✓ Stent graft CAD reconstruction can be challenging.
- ✓ SSR and recirculation analysis: flared extension of Model 1 is susceptible to blood clotting.
- ✓ WSS analysis: mixed results

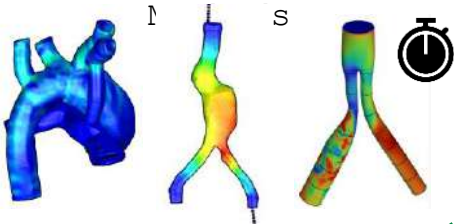
## Limitations & Future Directions

- Adoption of more precise geometrical models in the future
- Exploration of more complex implanted stent graft configurations
- Investigation of the impact of the adopted boundary conditions

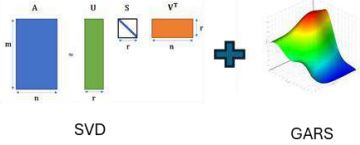


# Final Conclusions

Numerical Simulation



ROMs



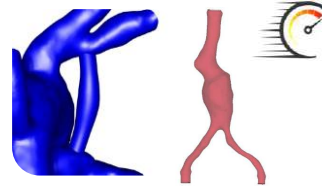
Patient-personalized pre-operative planning and



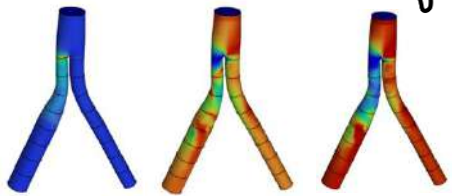
High-Performance Computing (HPC)



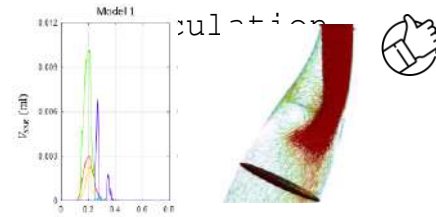
RBF mesh morphing



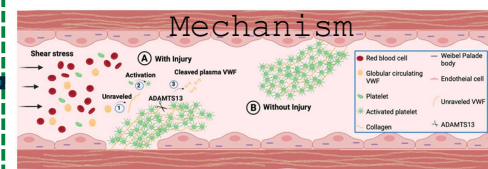
WSS-related indices



Shear Strain Rate & Pulsation



Thrombus Formation Mechanism



"ROMs seem a promising tool for supporting patients' preoperative planning and treatment."

"RBF mesh morphing enables rapid and efficient exploration across a wide spectrum of shape configurations."

"The conventional examination of WSS parameters might fall short of information."

"Parameters, tightly linked to the nature of the problem, appear to provide enlightening results"

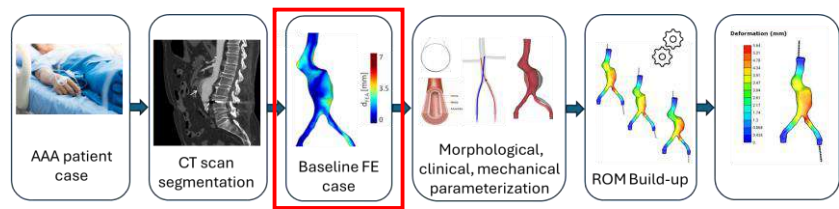


# Thank you all!

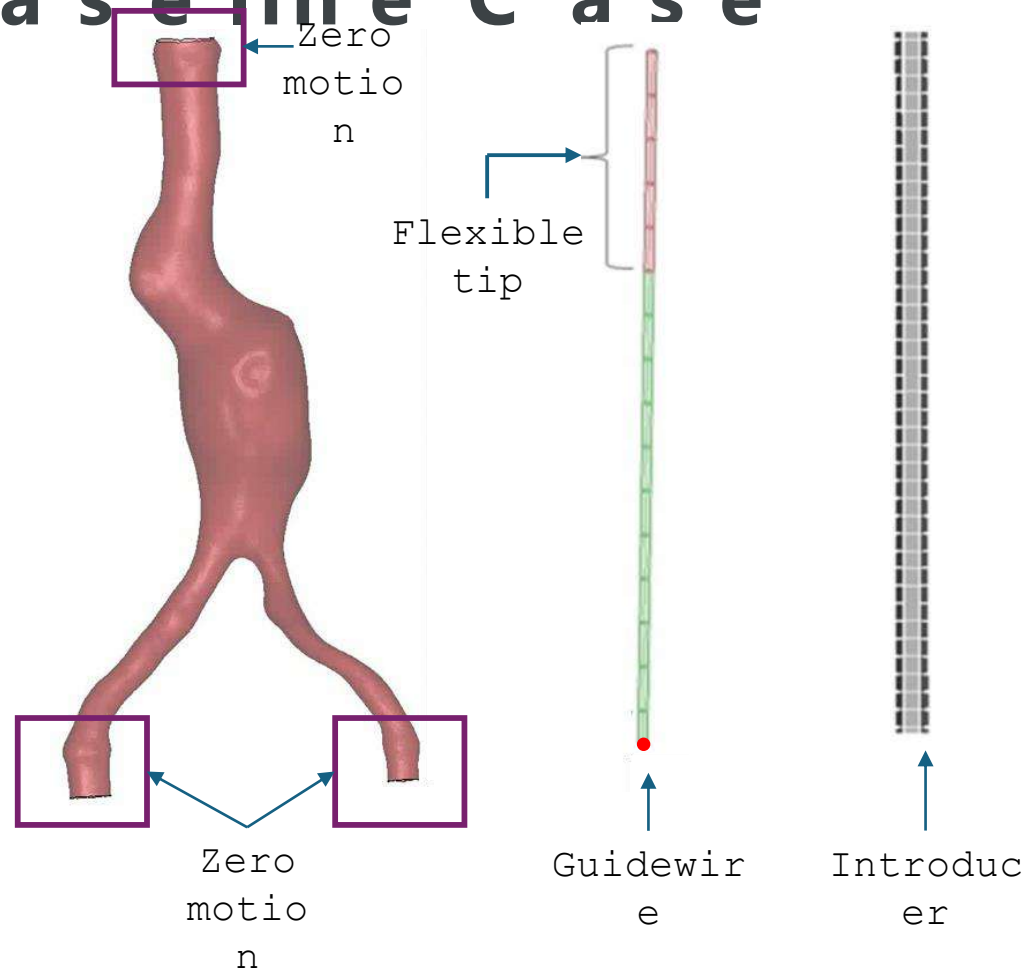
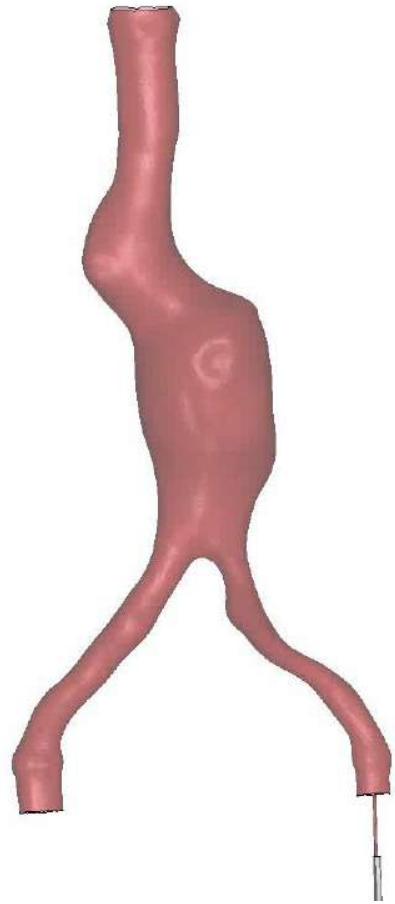




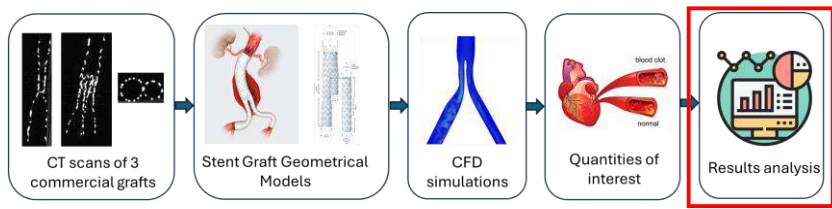




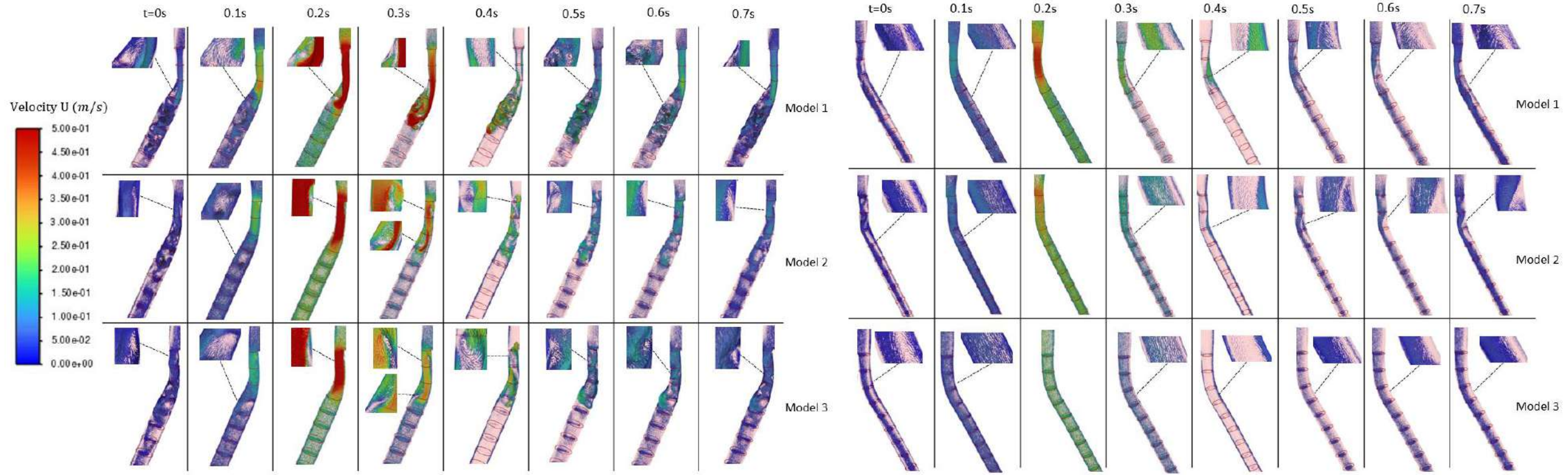
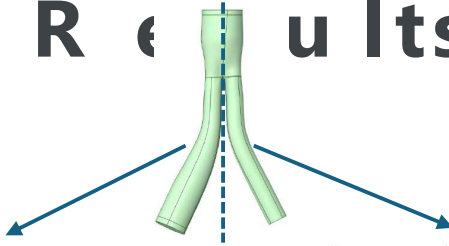
# Contact Mechanics Baseline Case



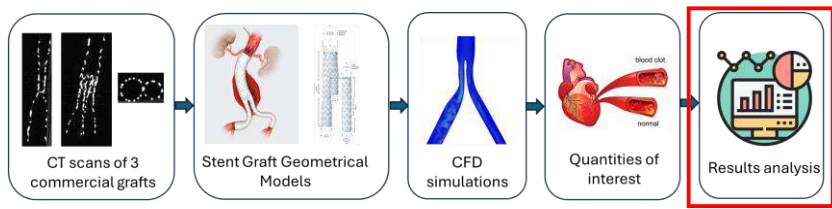




# Recirculation Results

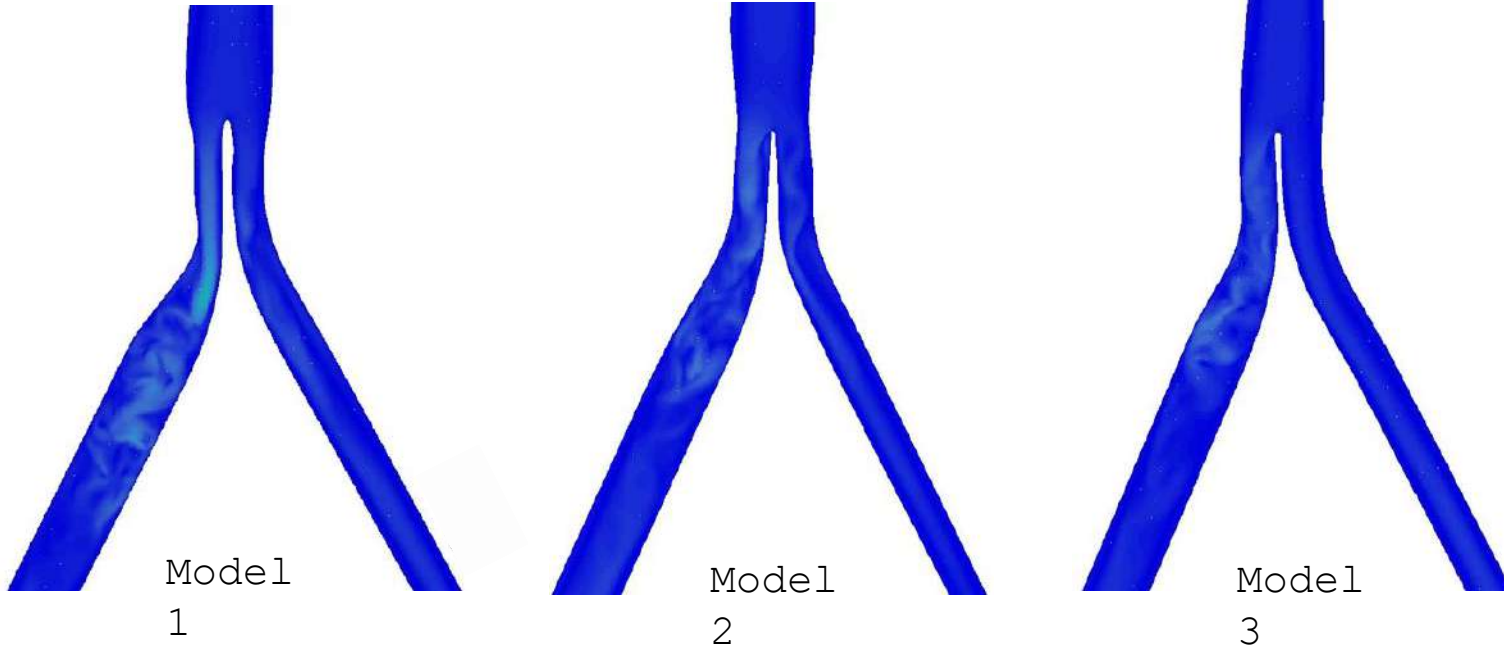
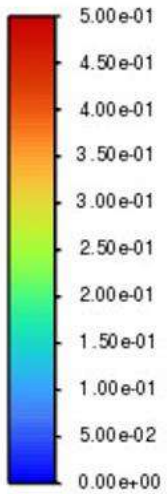






# R e c i r c u l a t i o n R e s u l t s

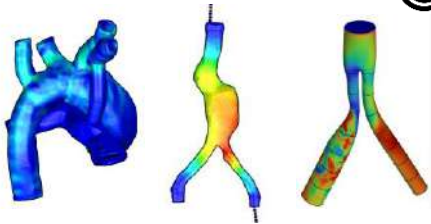
Velocity U (m/s)



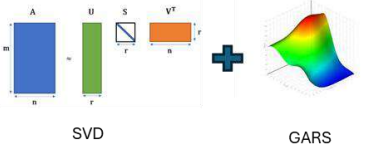
- Bigger jet on model 1
- People that support it

# Final Conclusions

Numerical Simulation Methods



ROMs



Patient-personalized pre-operative

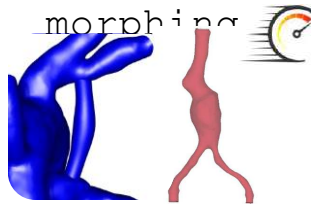


"ROMs seem a promising tool for supporting patients' preoperative planning and treatment."

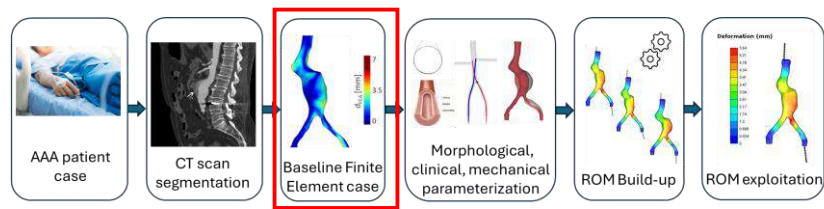
High-Performance Computing (HPC)



RBF mesh morphing

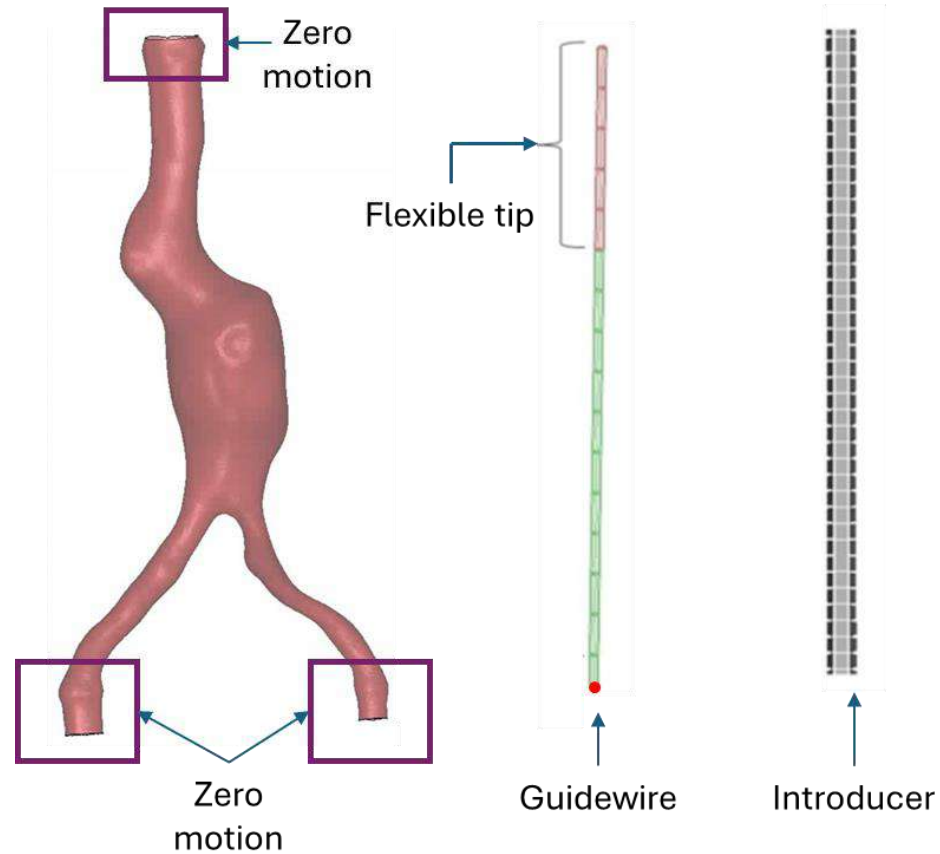


"RBF mesh morphing enables rapid and efficient exploration across a wide spectrum of shape configurations."



# Contact Mechanics FE Baseline Case

- Flexible tip: gradually decreasing elastic modulus, ranging from 1 to 50 GPa.
- Imposed velocity  $v(t)$  to the most distal node of the guidewire
- Frictionless contact algorithm between the guidewire and the vessel
- Standard penalty formulation contact type between the guidewire and the introducer

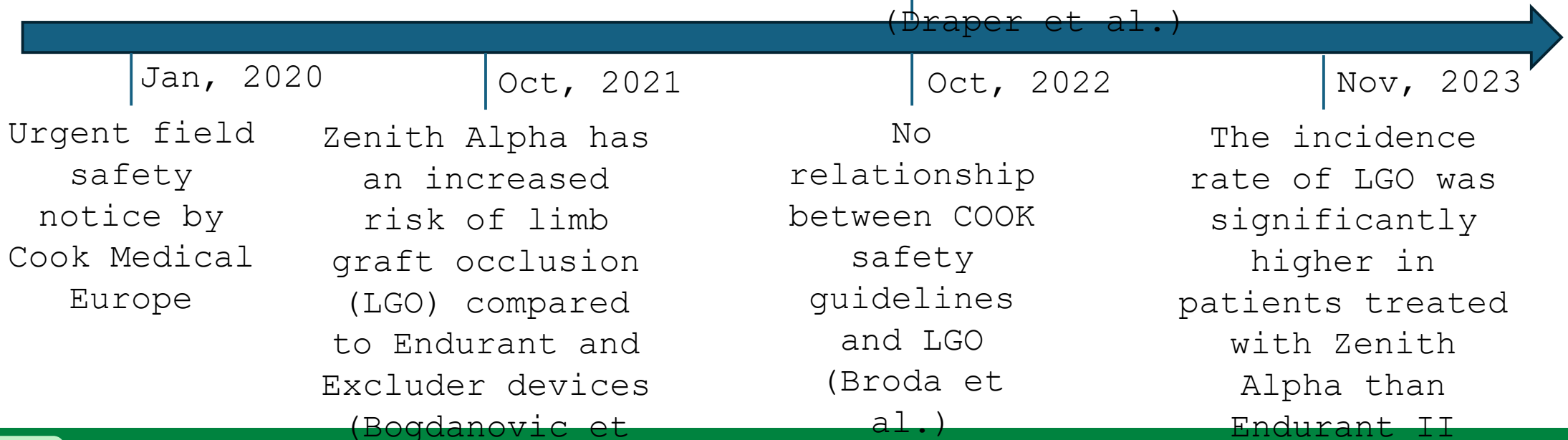


# Thrombus formation and stent grafts

Popular commercial AAA grafts

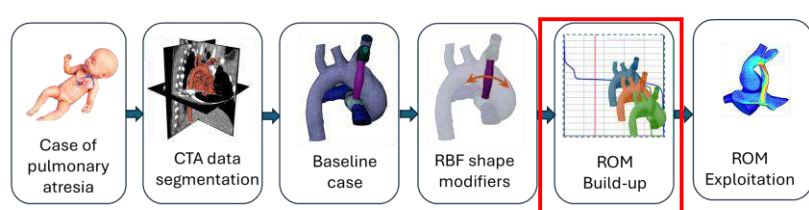
Zenith Alpha by Cook Medical  
 Excluder by W.L. Gore  
 Endurant II by Medtronic

IPT occurrence of Zenith Alpha graft is not significantly different compared to the rates of other commercial grafts (Draper et al.)

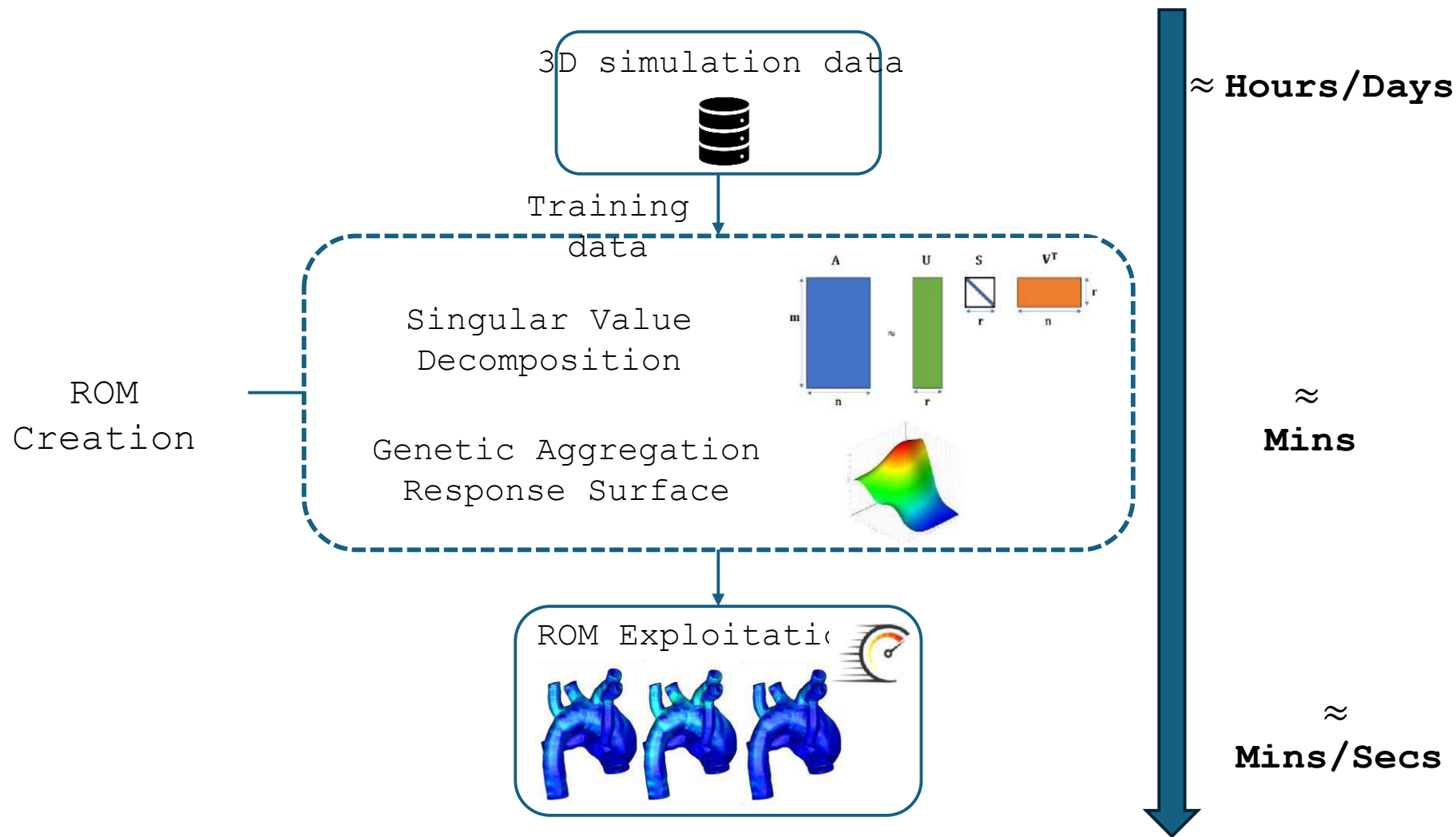


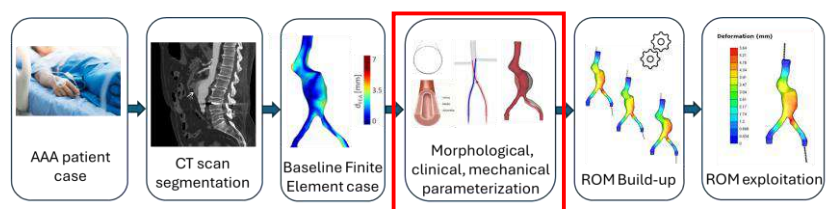
The singular values in the diagonal matrix  $\mathbf{S}$  are arranged in descending order. By exploiting this mathematical property, the matrix  $\mathbf{A}$ , which contains all the training data, can be approximated by a linear combination of the first  $r$  left singular vectors i.e.  $\mathbf{U}_i^*$  with  $i = 0, r$ . The vectors included in  $\mathbf{U}^*$  are referred to as modes.





# R O M B u i l d - u p : G e n e r a l C o n c e p t

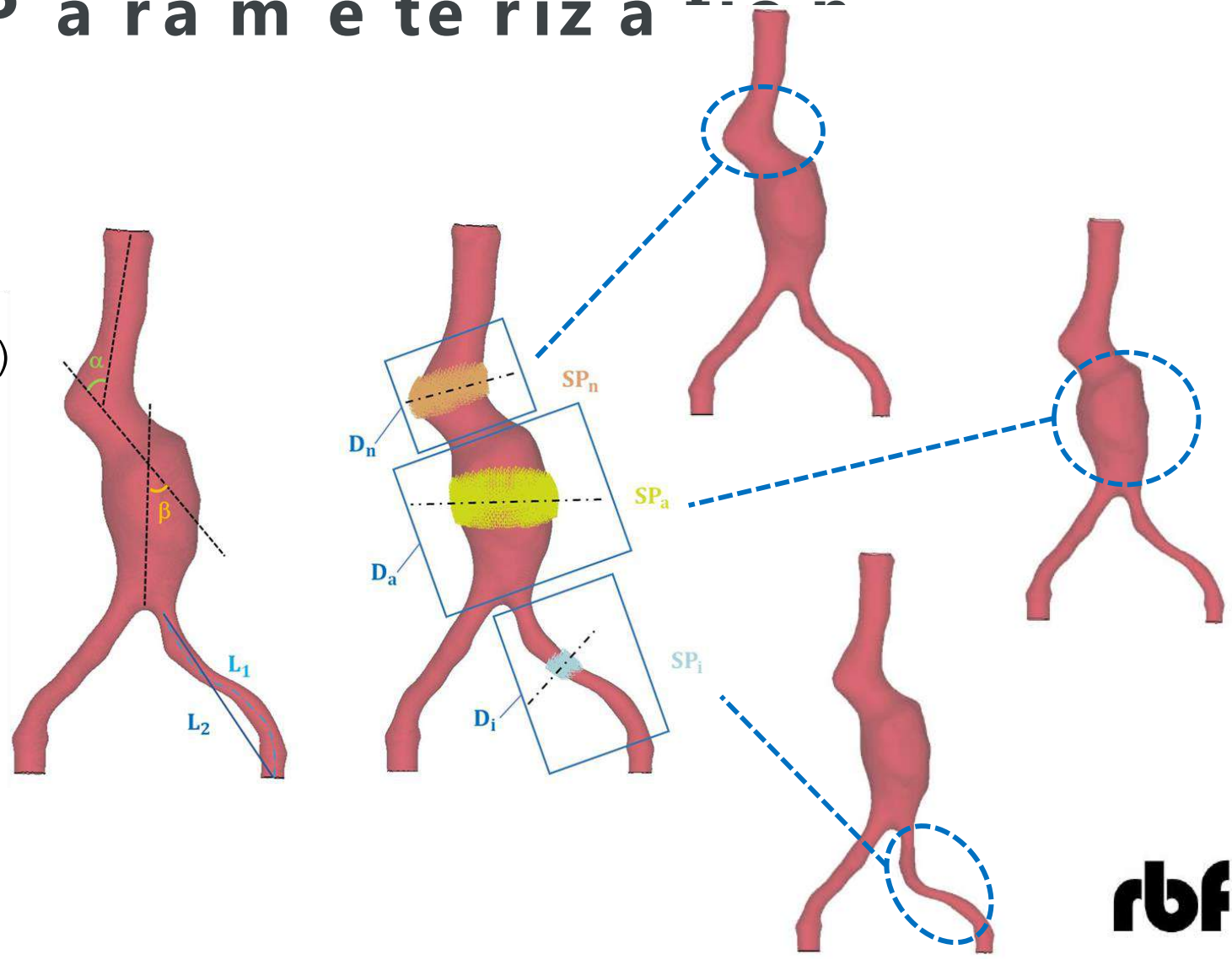


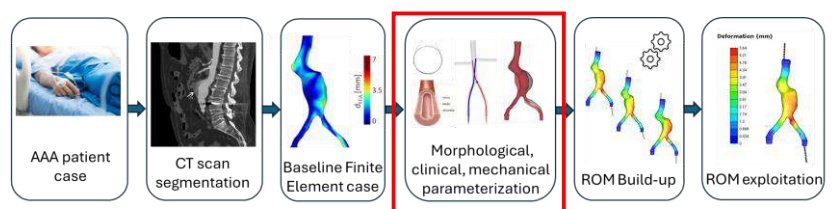


# Morphological Parameterization

- 3 Shape modifiers
- 3 categories of source points (SP)
- 3 categories of domains (D)

The combination of the shape modifiers enabled us to explore a broad spectrum of possible aortic configuration

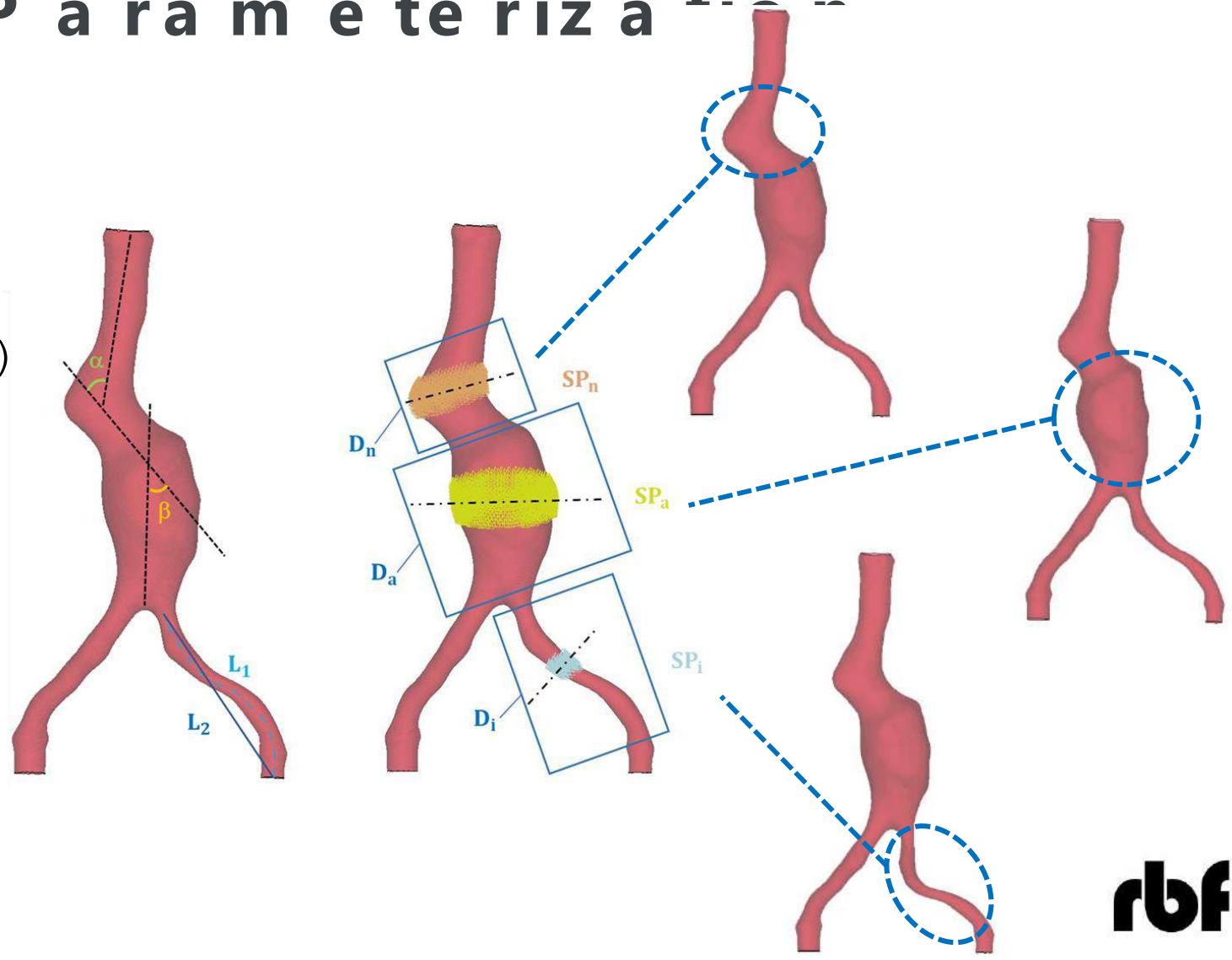




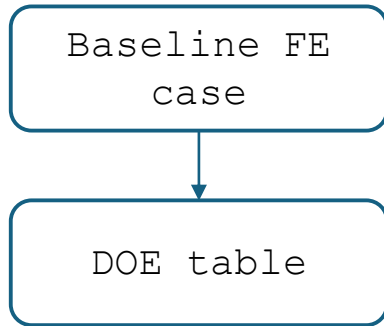
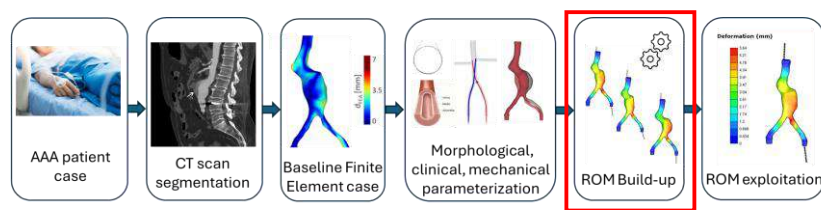
# Morphological Parameterization

- 3 Shape modifiers
- 3 categories of source points (SP)
- 3 categories of domains (D)

The combination of the shape modifiers enabled us to explore a broad spectrum of possible aortic configuration

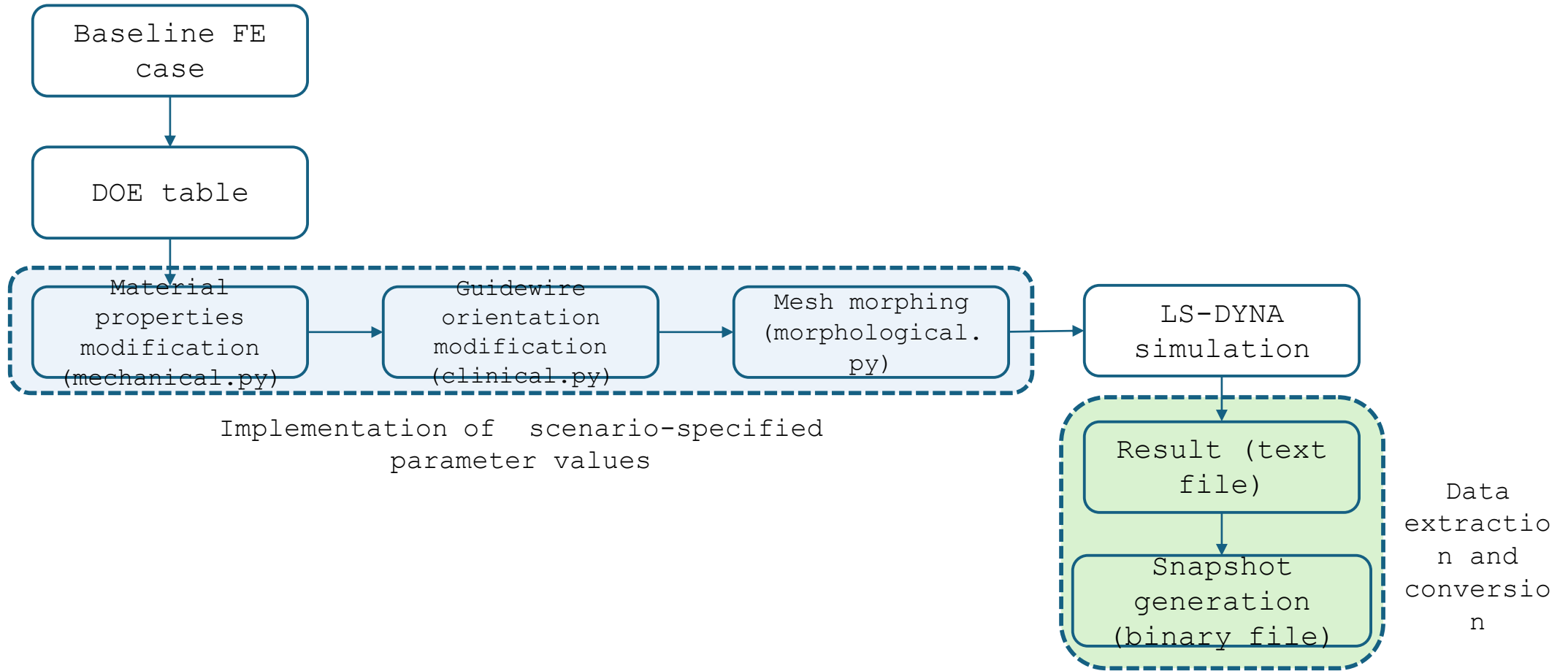
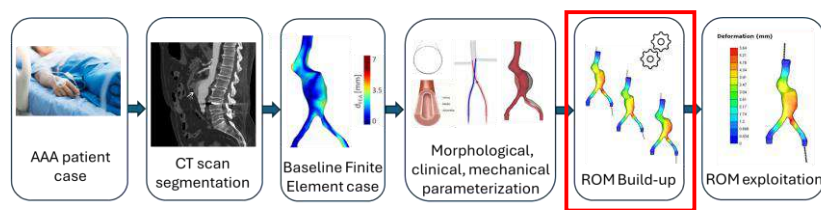


# Parametric Data Generation



No. Scenario	$E_{aorta}$	$E_{wire}$	...	$\tau$
1	1.0	80	...	0.10
2	2.1	120	...	0.09
...	...	...	...	...
300	0.9	190	...	0.13

# Parametric Data Generation





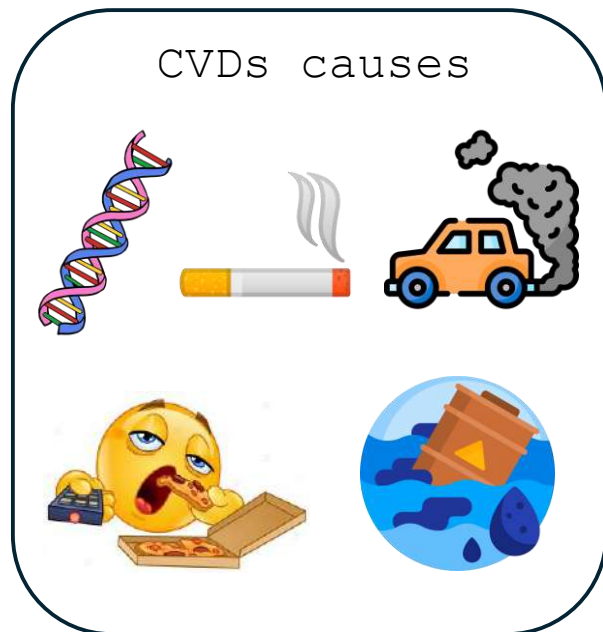
# Cardiovascular diseases (CVDs)

"Cardiovascular diseases (CVDs) are the leading cause of death globally."  
World Health Organization

"Responsible for 1.8 million deaths in the European Union and the United Kingdom in 2020."

"CVDs cost the EU economy 282 billion € in 2021."

Oxford Population Health's Health Economics Research Centre



## Popular CVD types

- Coronary heart disease
- Cerebrovascular disease
- Peripheral arterial disease
- Congenital heart disease
- Vein thrombosis and pulmonary embolism
- Aortic diseases

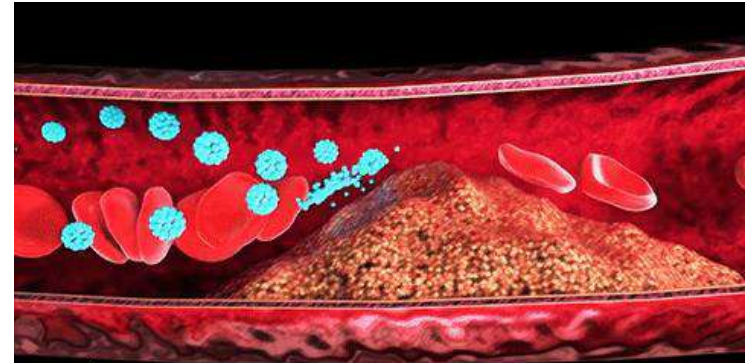
# Post-EVAR Complications

The rate of complications is estimated to range between 16% and 30%

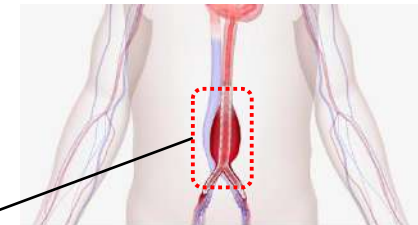
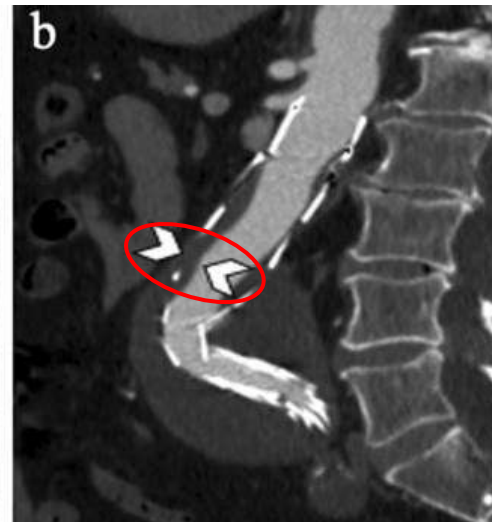
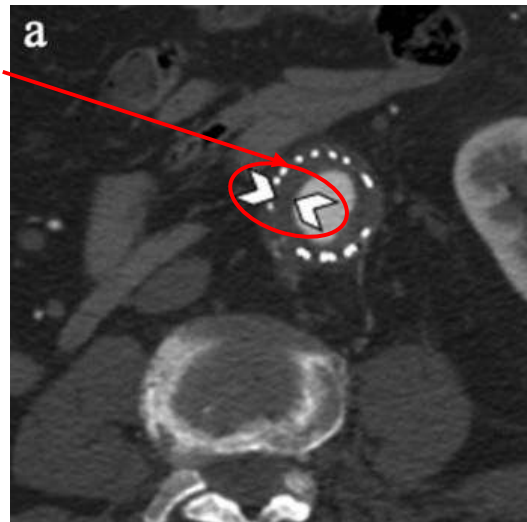
Endoleak  
57%

Thrombosis  
11%

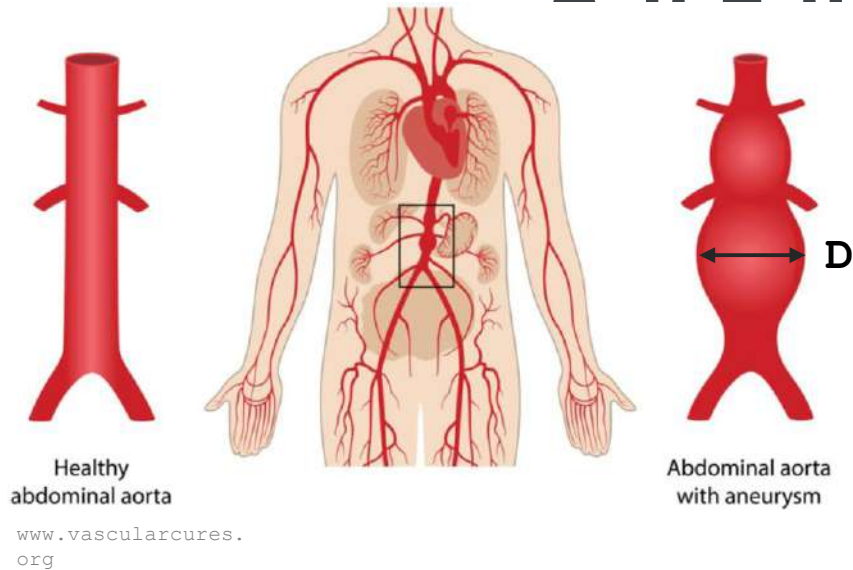
Graft migration  
15%



Stent  
Graft



# Abdominal Aortic Aneurysms (AAAs)



An abdominal aortic aneurysm (AAA) is the bulging or 'ballooning' of the abdominal aorta.

Surgery criterion is recommended for  $D > 5.5$  cm

About one person in 1000 develops an AAA between the ages of 60 and 65

Around 8 out of 10 people with a rupture either die before they reach the hospital or don't survive surgery.

"Prevention is better than cure."

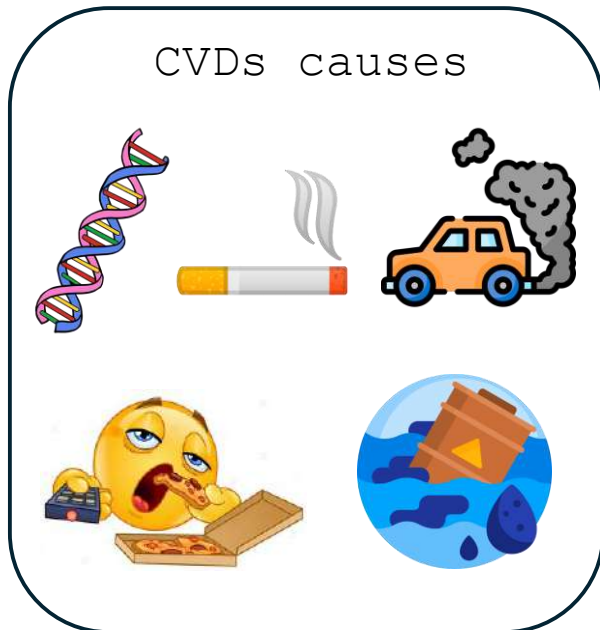
# Cardiovascular diseases (CVDs)

"Cardiovascular diseases (CVDs) are the leading cause of death globally."  
World Health Organization

"Responsible for 1.8 million deaths in the European Union and the United Kingdom in 2020."

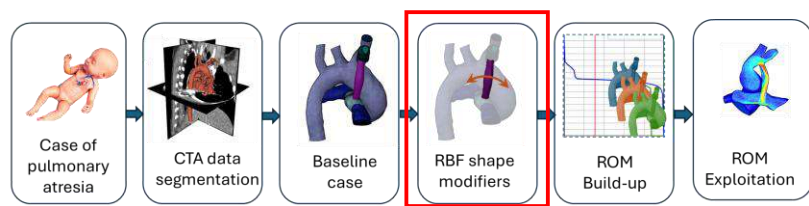
"CVDs cost the EU economy 282 billion € in 2021."

Oxford Population Health's Health Economics Research Centre

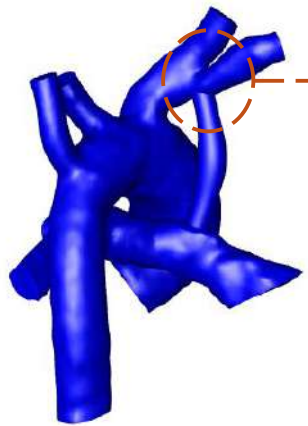


## Popular CVD types

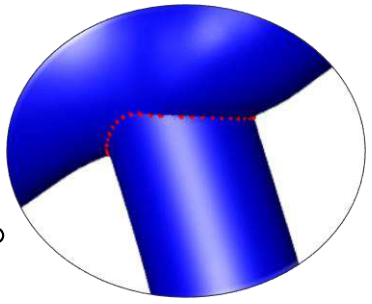
- Coronary heart disease
- Cerebrovascular disease
- Peripheral arterial disease
- Congenital heart disease
- Vein thrombosis and pulmonary embolism
- Aortic diseases



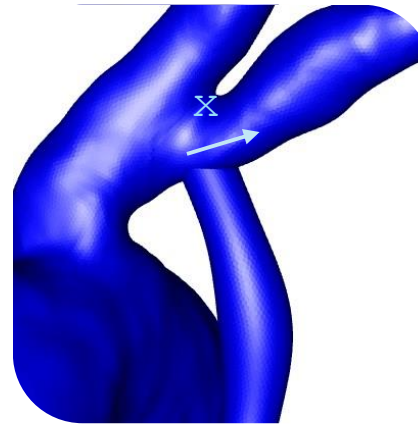
# R O M B u i l d - u p



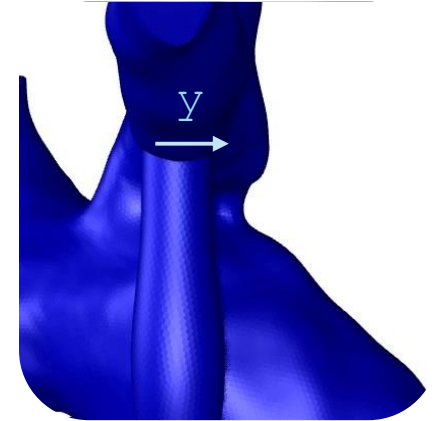
Superior  
MBTS  
boundary SP



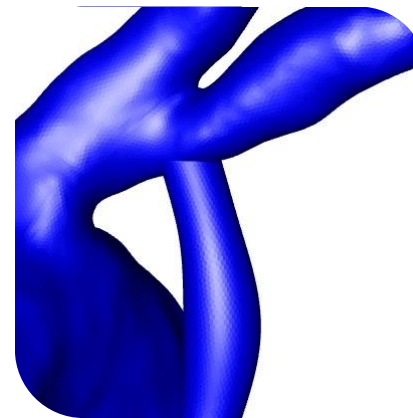
x translation



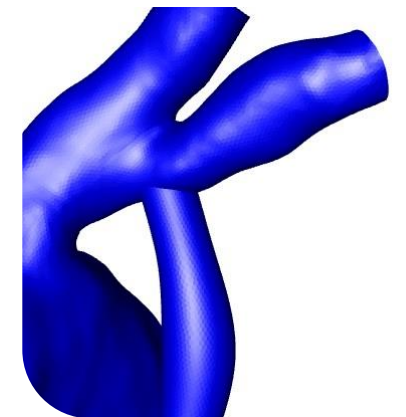
y translation



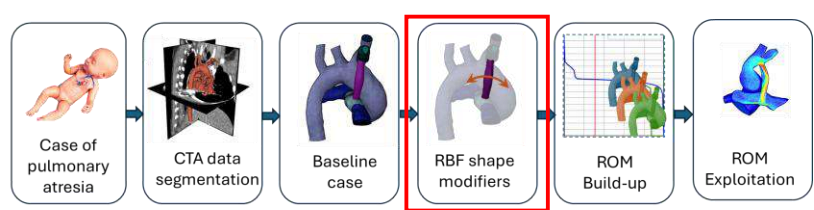
y rotation



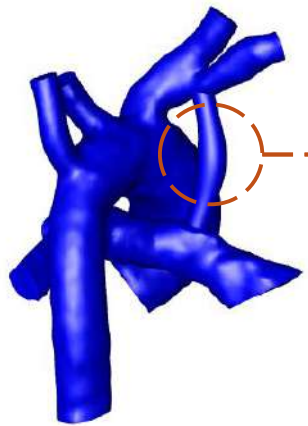
x rotation





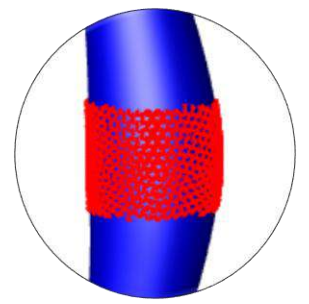
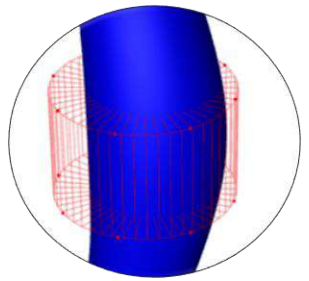


# Twelve RBF Shape modifiers



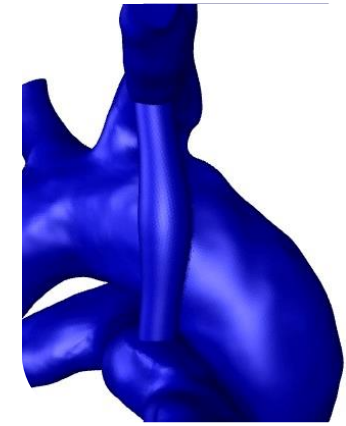
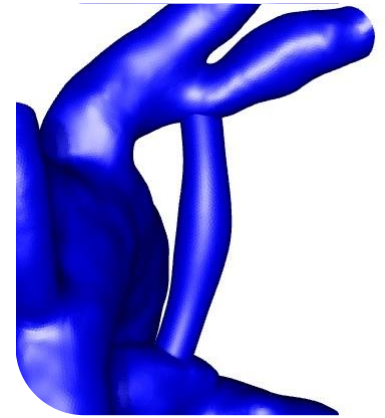
Cylindrical periphery SP

Maximum diameter SP



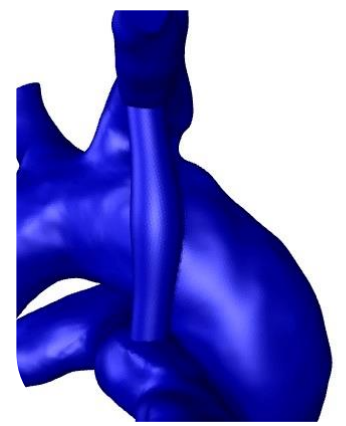
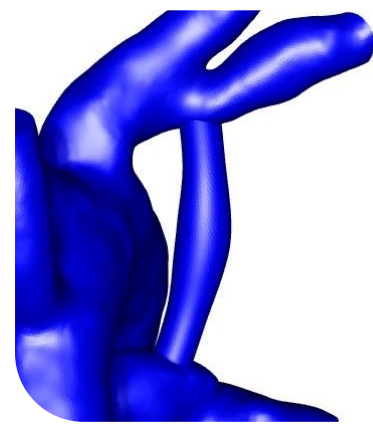
x translation

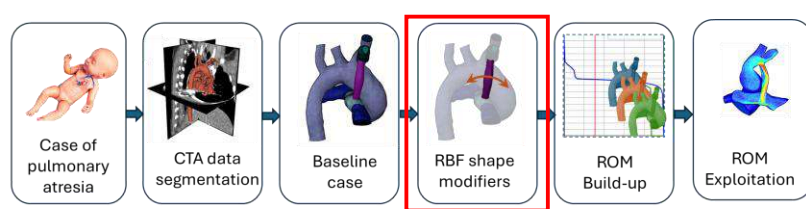
y translation



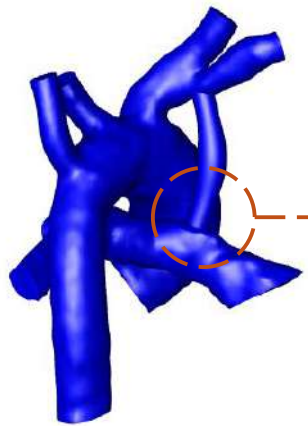
x translation

y translation

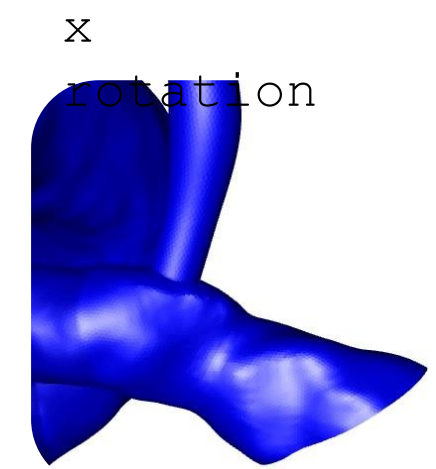
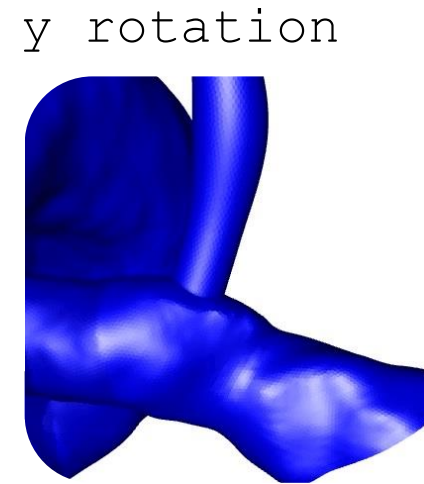
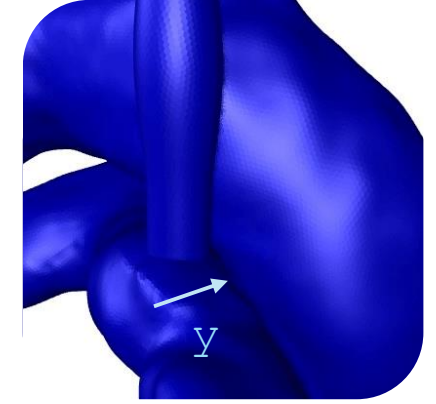
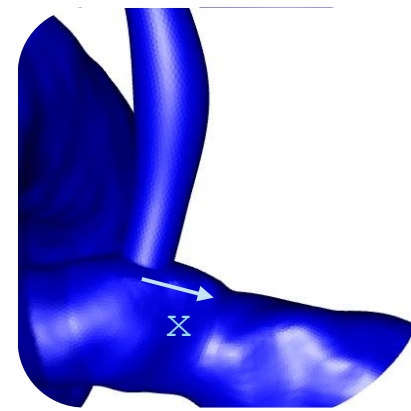
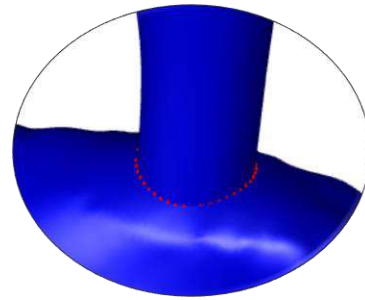


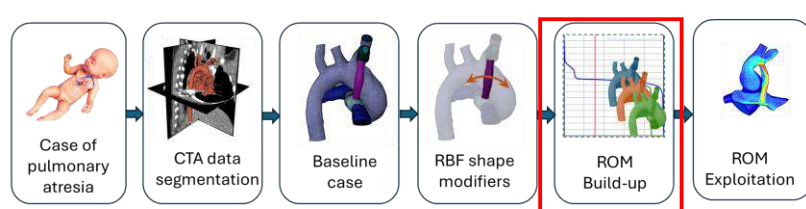


# Twelve RBF Shape modifiers



Inferior MBTS boundary SP





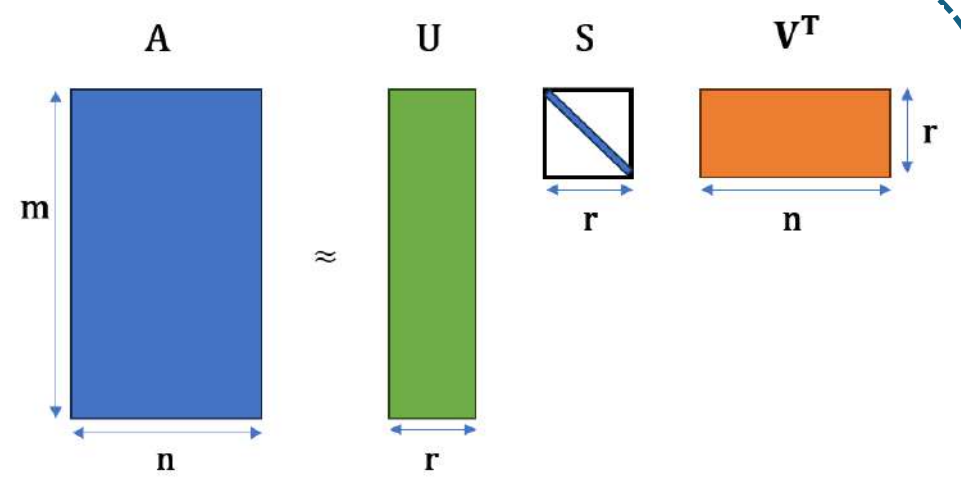
# R O M B u i l d - u p : G e n e r a l C o n c e p t

$$\mathbf{A}_r^* = \mathbf{U}_r^* \mathbf{S}_r^* \mathbf{V}_r^{T*} = \mathbf{U}_r^* \mathbf{C}$$

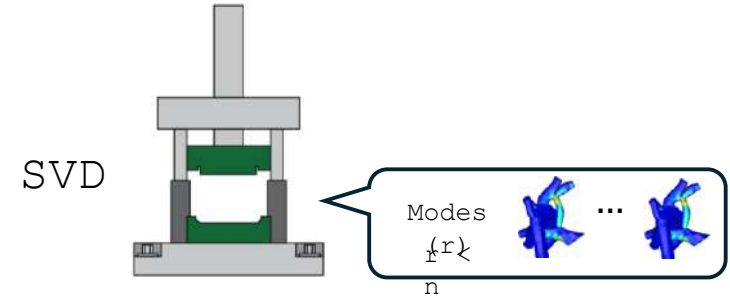
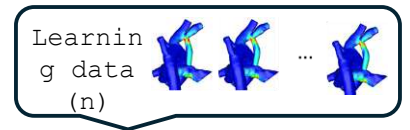
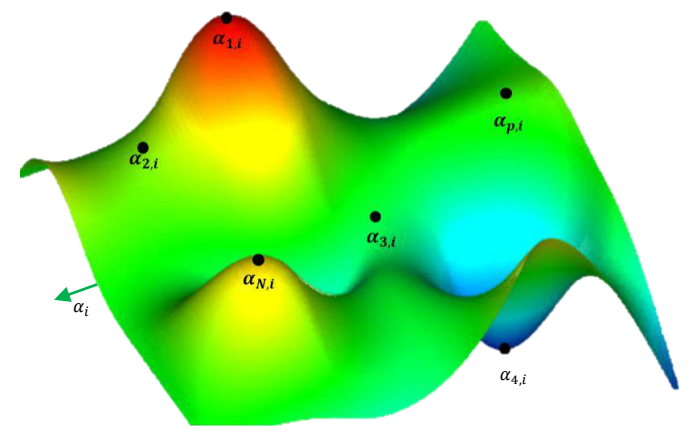
$$\mathbf{C} = [\alpha_1, \alpha_2, \dots, \alpha_r]$$

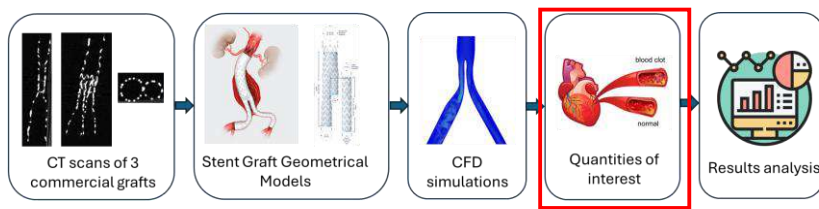
ROM  
Creation

Singular  
Value  
Decompositio  
n  
(SVD)



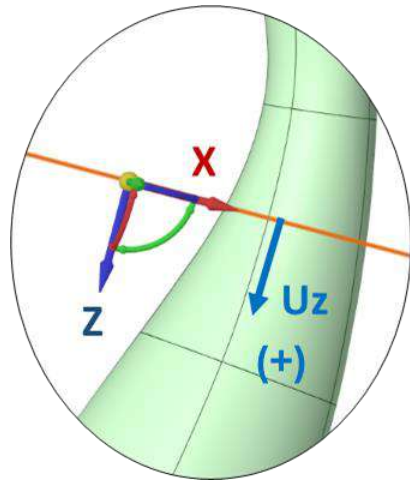
Genetic  
Aggregation  
Response Surface  
(GARS)





# Recirculation & Blood clots

1 Recirculation → Reverse flow monitoring



$$V_{back} = \frac{\sum v_{cell}}{V_{zone}} \quad 100\% \text{ of } U_z < 0$$