

Use of dedicated
popliteal venous access
IVC filter during catheter
based treatment of
acute deep vein
thrombosis

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Venous thrombolysis/thrombectomy for acute DVT

- Treatment of Iliofemoral DVT (IF DVT) is growing
- Results of ATTRACT trial are awaited Q1 2017
- Results of CAVENT trial suggests thrombolysis is superior to anticoagulation alone

Galway protocol for IF DVT

- All patients receive:
 - Colour Doppler US
 - CT Pulmonary angiogram
 - CT Venogram

Is PE common with IF DVT

- Galway data: 48% of patients are CTPA positive prior to intervention

Is PE common during endovascular treatment of DVT?

- PEVI trial
- Patients randomised to Catheter Directed thrombolysis (CDT) v Pharmaco-mechanical venous thrombectomy (PMT)
- All events POST procedure logged
- 8:1 incidence of PE in PMT v CDT patients

Galway experience n=207

- 2 fatal PEs within 24 h of CDT/
PMT

Permanent retrievable IVC filter

- A large variety on market
- ALN (France) is our choice

Popliteal access- why?

- Patient is usually prone and jugular access is much more difficult
- Increases MY level of comfort during a PMT procedure
- Avoids a second puncture
 - important if CDT is being used as one cannot remove sheath and a jugular venous sheath for 48-72h is uncomfortable and unpleasant and usually results in a haematoma

ALN popliteal access

- 90cm shaft length
- 7F introducer
- Simple delivery
- VERY simple retrieval

Galway popliteal ALN filter use

- N=7
- Deployment in all cases successful
- Angulation minimal
- All patients CTV at 6/52
 - ? Stent and lower extremity patent
 - ? Position
 - ? Thrombus
 - ? Angulation
- Immediately post CTV taken to IR suite
- Right neck access

- Retrieval in all 7
- Retrieval times- skin to skin
 - 6 minutes (+/-3)
 - Fastest 29 seconds!!

Conclusion

- Not all patient need a filter during Endovascular treatment of acute DVT
- Useful early in your experience
- Popliteal route of access limits puncture sites
- Deployment and retrieval simple!



Thank you!

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