3 year Follow-up of the sinus Venous® stent

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Disclosure

Speaker name:

I have the following potential conflicts of interest to report:

- Consulting: Optimed GmbH
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest
sinus Venous®

- Designed as a truly dedicated venous stent
  - Not from arterial platform
- Segmented ring design
- Pull-back delivery system
Anatomical considerations
Assumptions & misconceptions

- Flexibility
  - Will it bend?
  - Effortless!

- Radial force/crush resistance
  - Enough, not as high as possible

- Optimal ratio
sinus Venous® deployment
Considerations

- Deployment technique
  - Controlled release
  - Segment-to-segment
  - “supporting the bridge”
    - Fibrosis, not soft plaque

- Dedicated material
  - Learning curve
  - Specific positive features
Who’s taking control?

Higher satisfaction?
Results

• sinus Venous stent 2013-2015

• Exclusion of hybrid, bilateral and IVC cases

• 304 patients with unilateral DVO
  • 81 compression syndrome
  • 223 chronic obstruction
Results

PTS

MTS

Patency Rate vs. Follow up (Days)

- Primary
- Ass. primary
- Secondary
Results

Loss of patency

• Inflow; untreated disease; anticoagulation; ...

• Residual compression
  • 2 Pts with history of back surgery and severe fibrosis

• Suboptimal positioning/deployment
  • Cover the right CIA
Conclusion

look no further, you found it
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