

Endovascular correction of deep vein obstruction: when it does not work - how to manage it?

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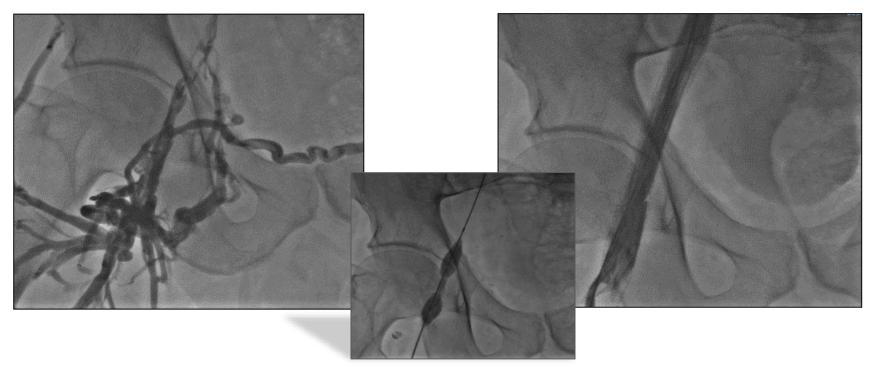
Italian College of Phlebology **President**

Disclosures

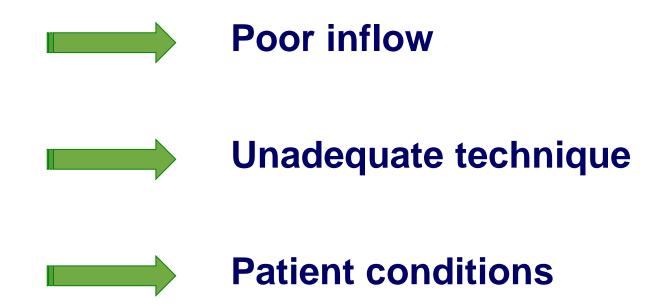
- BSCI
- Medtronic
- Volcano Philips
- Jotec/Cryolife
- Bard
- Servier

Obstruction correction

2002 - Raju and Neglen Venoplasty/stenting

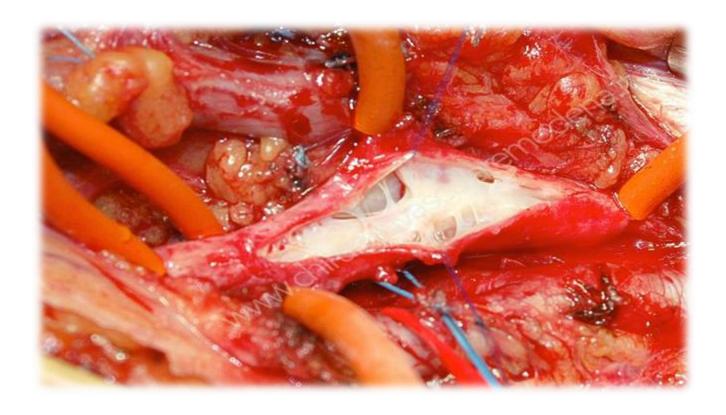


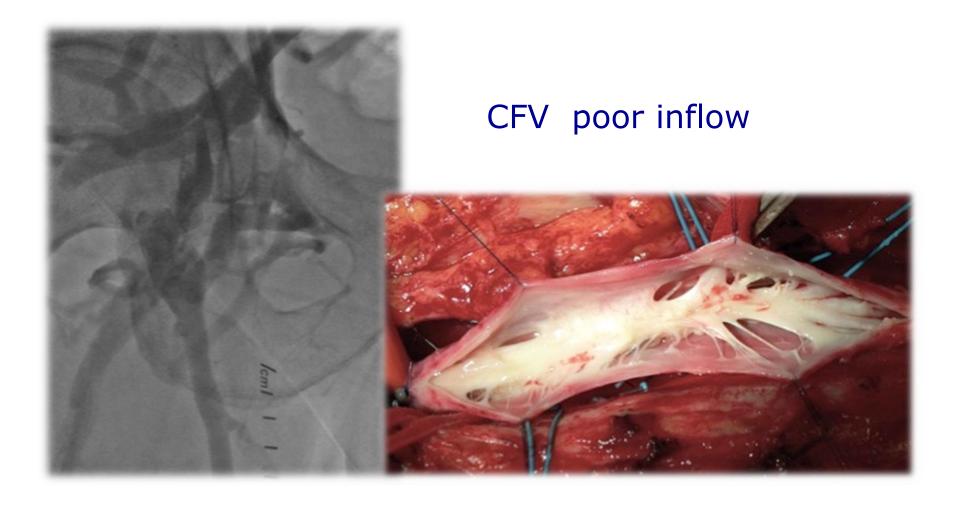
Obstruction treatment: when does not work?



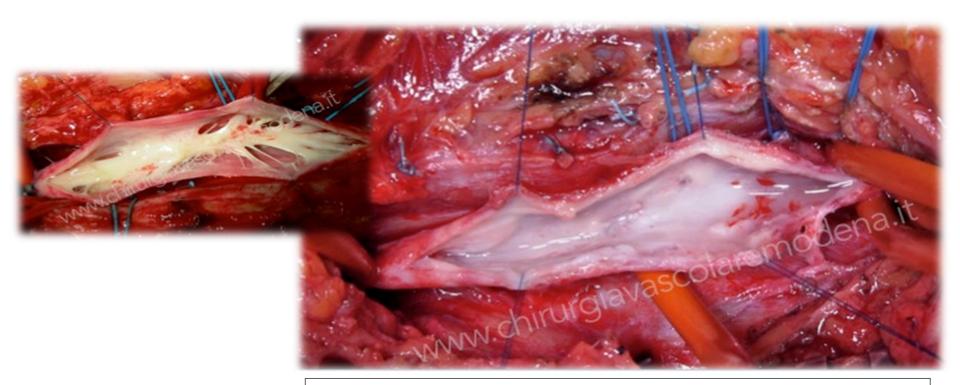
A.	Iliac veins common external	Stent
B.	Underneath the inguinal ligament	Stent + inguinal ligament section and decompression
C.	Common Femoral Vein	Stent + inguinal ligament section + endophlebectomy
D.	Femoral Vein	Stent + inguinal ligament section + endophlebectomy + stent across CFV - FV

Poor inflow

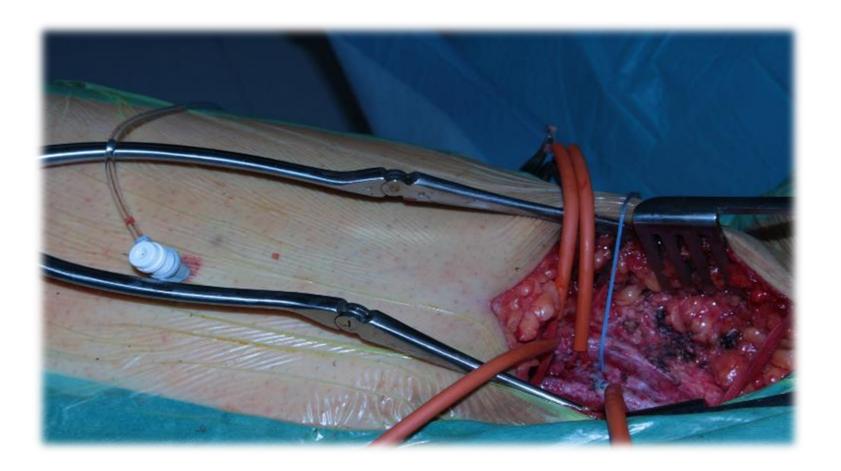


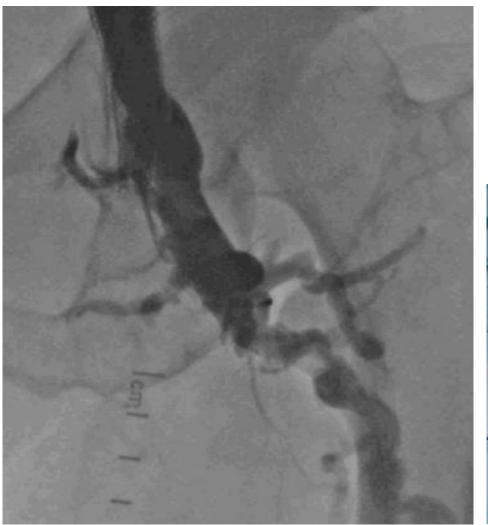


Endophlebectomy

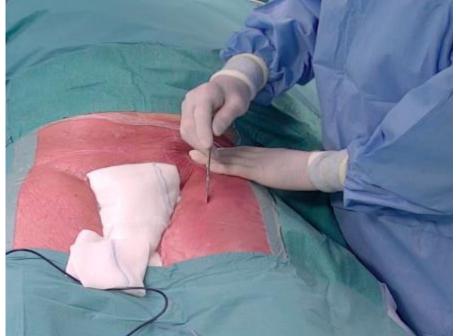


Puggioni A, Kistner RL, Eklof B, Lurie F. Surgical disobliteration of post thrombotic deep vein – endophlebectomy – is feasible. J Vasc Surg 2004;39:1048-52.

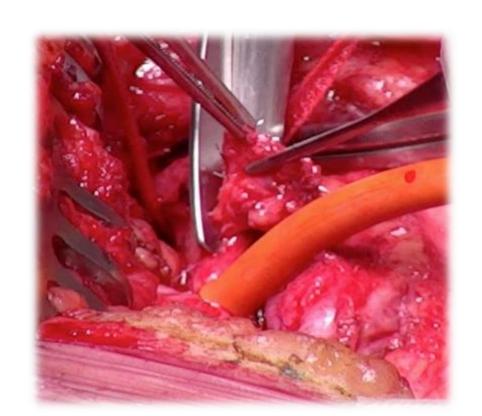


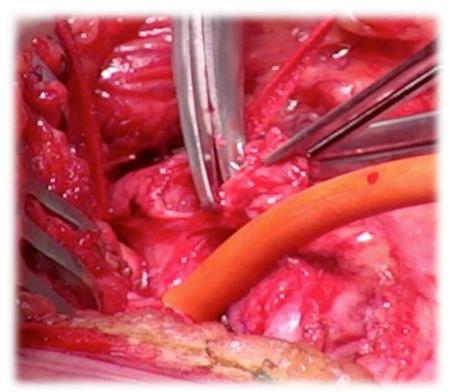


Hybrid treatment CFV stent occlusion



Stent cutting

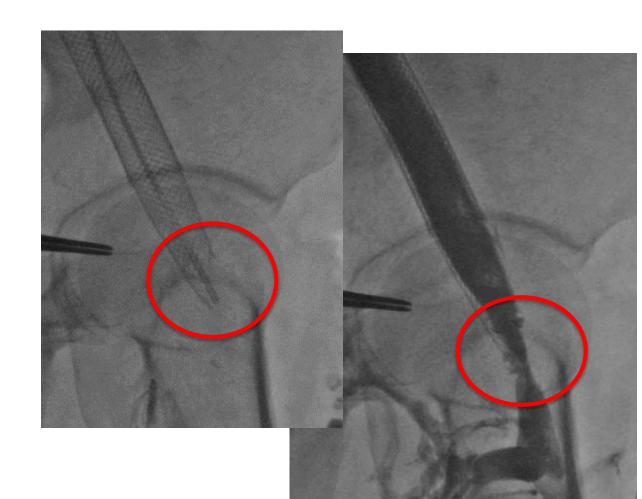




Endophlebectomy + bovine pericardium patch



Venogram cutted stent





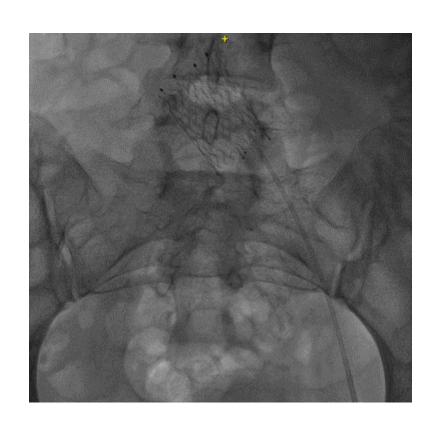




Mainly linked to poor learning curve.

The essential differences between artery and vein endoluminal techniques are still ignored

Problems on stent sizing







Malpractice

Patient conditions



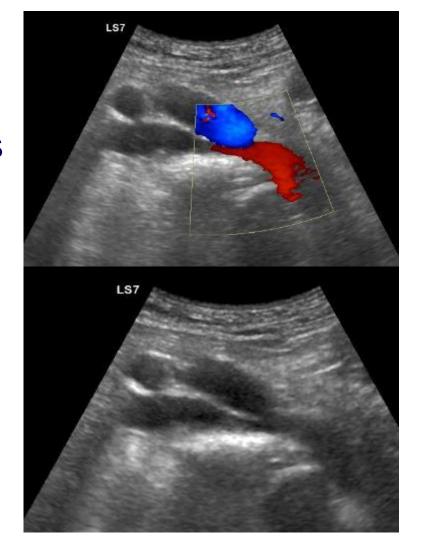
Impaired deambulation (poor EF)





May –Thurner diagnosis







Thank you