

Impact of training on Large Vein Thrombosis Endovascular Interventions

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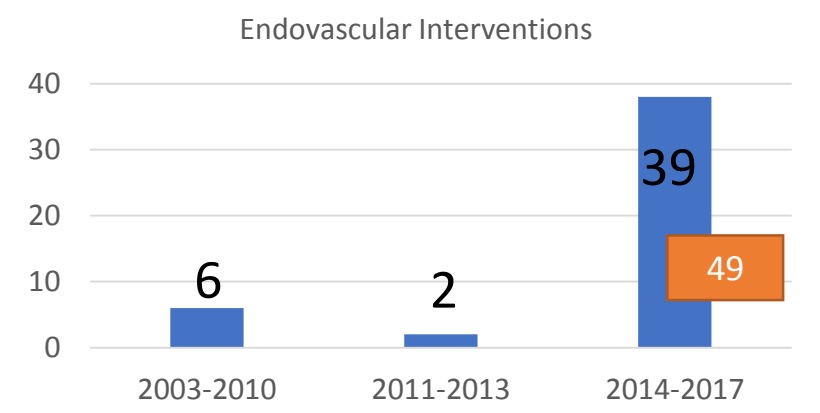
INTRODUCTION: Anticoagulation for acute deep vein thrombosis (DVT) improves symptoms, decreases the likelihood of thromboembolism and recurrent thrombotic events. However, it is rarely sufficient to decrease thrombotic load, particularly in the femoral iliac axis. The endovascular treatment (thrombolytics, thromboaspiration, angioplasty and stent implantation) is able to reestablish vessel permeability with preservation of the venous valves, stenosis and decrease the probability of post-thrombotic syndrome. The conformation of a multidisciplinary collaborative group can provide multiple advantages for the identification and treatment of this pathology with high morbidity and mortality.

OBJECTIVE: To analyze the clinical results of endovascular procedures in patients with venous thrombotic syndrome and the temporal evolution after the formation of a multidisciplinary team for this pathology

MATERIAL AND METHODS: Among 52 consecutive global venous interventions we selected 47 patients undergoing large vein thrombosis interventions. Of these, 38 were held after initial attendance at dedicated academic courses and formation of a “Vein Team” in our hospital.

ANGIOGRAPHY AND PROCEDURE	N=47	%
Collateral circulation	30	64
Femoral access	26	55
Femoral & Popliteal access	5	11
Popliteal access	13	28
5/8 Fr Sheet	18	38
9/24 Fr Sheet	30	64
Thromboaspiration	30	64
Penumbra®	4	8
Local thrombolytics	27	57
rTPA	26	55
Prolonged thrombolysis	4	8
Balloon Angioplasty only	12	25
Stent implantation	24	51
Cath-Lab time	142±59	
Contrast (ml)	183±78	
Fluoro time (min)	29±16	

RESULTS	N=47	%
Procedural success	43	91
Clinical PE or Major Bleeding	0	0
Periprocedural death	0	0
Blood transfusion	2	4
Extended anticoagulation	42	89



BASELINE CHARACTERISTICS	N=47	%
Age	38.1±15	
Women	26	55
Hypertension	8	17
Smoking	8	17
Diabetes	2	4
Oral contraceptive	9	19
Associated cancer	11	23
Long trip	4	8
Recent Surgery	9	19
Symptoms to treatment (days)	10.8±10	

ANATOMICAL	N=47	%
Cava Vein Syndrome	8	17
Pulmonary Embolism	13	28
Cava Vein Filter implant	21	45
Upper limbs	17	36
Inferior Cava Veins	6	13
Iliacs	18	38
May-Thurner Syndrome	11	23
Femoral / Popliteal	11	23

CONCLUSION: Endovascular reperfusion is feasible and safe in the same session in patients with deep vein thrombosis. Conformation of a multidisciplinary team can increase not only the diagnosis and treatment of this pathology but also ensure that high risk patients are not lost, as well as raising knowledge and experience in the standard of care.