Endophlebectomy of the common femoral Vein

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Disclosure

Speaker name: Houman Jalaie

I have the following potential conflicts of interest to report:

- [x] Consulting
  Medtronic, BARD, Optimed, Ab Medica, Bentley, BTG
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)
- [ ] I do not have any potential conflict of interest
Introduction
Indication

- symptomatic obstruction in iliofemoral and caval level with involvement of CFV covering the ostium of deep femoral vein
Contraindication

- Severe impairment of inflow (trabeculation in VF and DFV)
Diagnostic

postthrombotic trabeculation

poor inflow from FV

adequate inflow from DFV
Diagnostic

pre op. MR-venography
Procedure

• Recanalization of CFV, EIV and CIV

• Endophleebectomy of CFV

• Patch closure (bovine patch)

• av-fistula creation (PTFE, loop shape)
Procedure

Endophlebectomy of CFV
Procedure

Endophlebectomy of CFV
### Patient characteristics

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<tbody>
<tr>
<td><strong>Patients</strong></td>
<td>92</td>
</tr>
<tr>
<td><strong>Legs</strong></td>
<td>98</td>
</tr>
<tr>
<td><strong>sex</strong></td>
<td>56 (61%) female</td>
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<tr>
<td><strong>age</strong></td>
<td>40 (18-75)</td>
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<td><strong>Thrombophilia</strong></td>
<td>76,1%</td>
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<td><strong>Venous claudication</strong></td>
<td>83 (90,2%)</td>
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<tr>
<td><strong>one DVT</strong></td>
<td>57 (61,9%)</td>
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<tr>
<td><strong>two or more DVTs</strong></td>
<td>34 (36,9%)</td>
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<td><strong>Years after DVT</strong></td>
<td>5 (1-41)</td>
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<td><strong>Bilateral involvement (CVO)</strong></td>
<td>20 (21,7%)</td>
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<tr>
<td><strong>Involvement of IVC</strong></td>
<td>21 (22,8%)</td>
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Results

- **Patency**
  - primary 60.2%
  - ass. primary 74.6%
  - secondary 83.1%

- **Clinical improvement (subjective)**
  - yes 82%
  - no 18%

- Median VCSS (12 months) 11 > 5

- Median Villalta (12 months) 12 > 4

- Improvement of venous claudication 76%

- Wound healing disorder 26% (majority Szilagyi I°)
Conclusion

• Endophlebectomy of CFV improves the inflow from GSV and DFV

• Clinical scores show a significant improvement

• Suboptimal but acceptable patency rates

• High rate of wound complications

• Respect contraindication >> severe impairment of inflow from FV and DFV

Endophlebectomy of the common femoral vein and arteriovenous fistula creation as adjuncts to venous stenting for post-thrombotic syndrome.

de Wolf MA1,2, Jalaie H3, van Laanen JH1, Kurstjens RL1,2, Mensinck MJ1, de Geus MJ1, Gombert A3, de Graaf R4, Wittens CH1,2,3.
Thank you for your attention

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