Assessing the CFV- do I need to perform an endophlebectomy or not?

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Symptoms and signs

SCVI

- Venous claudication
- Oedema
- Skin changes/Ulcer

Common femoral vein obstruction
Endophlebectomy or not?

CFV endophlebectomy
Common femoral v. obstruction
How to deal with CFV obstruction?

- Crossing the inguinal ligament
- Approach
  - Jugular
  - Femoral
- Single vessel inflow

- Failure to cross the lesion
Investigations

• Clinical: CEAP, VCSS
• Color Duplex ultra sound
  – Reflux, pt morphological changes, occlusion
• MRV-CTV
  – Detailed morphological anatomical changes
• Catheter venography
  – Qualitative *dynamic* imaging of inflow/run-off
    • Femoral vein status
    • Profunda femoral vein axialising
Catheter venography

Define inflow and runoff
Femoral vein as main inflow
Axialised deep femoral vein as main inflow
Endophlebectomy

<table>
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<tr>
<th>Author</th>
<th>Nr</th>
<th>Endophl</th>
<th>Endophl + A-V f</th>
<th>P.Patency</th>
<th>S.Patency</th>
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<tbody>
<tr>
<td>Garg N</td>
<td>12</td>
<td>x</td>
<td></td>
<td>2 yr/ 28</td>
<td>30</td>
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<tr>
<td>De Wolf</td>
<td>70</td>
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<td>x</td>
<td>1 yr/ 51</td>
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<td>x</td>
<td></td>
<td>1 yr/ 0-70</td>
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Collapse, stenosis and thrombosis

- Hypercoagulability
- Anticoagulation
- Endophlebectomy
- Endothelial injury
- A-V fistula
- Stasis of blood flow

Virchow's Triad:

- Endothelial injury
- Stasis of blood flow
- Hypercoagulability
Hybrid procedure

Spiral graft construction

- Good diameter
- Minimal endothelial damage
- Must have internal support with stent
Conclusion.... Our view

Endophlebectomy  no!

Endovascular

2 yr primary patency stenting

- Common femoral vein  78%
- Deep Femoral Vein  64%

Submitted paper

- Hybrid procedure: Stented spiral graft
Thank you for your attention!