Reintervention In Venous Stents

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting: Cook medical; Optimed GmbH; Bard; Volcano/Philips; TVA Medical; Vesper Medical;
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Causes

• Anticoagulation
  • Vit K antagonist?
  • DOAC
  • Antiplatelets

• Stent related complications
  • Residual or recurrent compression
  • Kinking, fracture, ..

• Inflow
  • CFV, femoral vein, deep femoral vein
Steps

- Imaging
  - Ultrasound
  - CTV
    - Examination stent, in- and outflow

- Recanalization
  - Different techniques and devices
  - Thrombolysis, thrombectomy and stenting

- Evaluation
  - IVUS

- Surgical procedures
  - Thrombectomy and/or AVF
## Table 2. Ultrasound accelerated catheter directed thrombolysis (UACDT; n = 18).

<table>
<thead>
<tr>
<th>Successful thrombolysis?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11 (61)</td>
</tr>
<tr>
<td>No</td>
<td>7 (39)</td>
</tr>
</tbody>
</table>

Median (range) duration of successful thrombolysis (h) (n = 11)

<table>
<thead>
<tr>
<th></th>
<th>19 (11–101)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-stenting after successful UACDT (n = 11)</td>
<td>7 (64)</td>
</tr>
<tr>
<td>Other additional interventions after successful UACDT (n = 11)</td>
<td>6 (55)</td>
</tr>
</tbody>
</table>

Arteriovenous fistula
Complications thrombolysis
PCDT

After single run

After dedicated run
Key points

• Complications of lysis should not be underestimated
  • Don’t forget PE

• IVUS needed to check for residual thrombus
  • Also stent compression or inflow obstruction

• Do it well or don’t do it at all
  • Use all options
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