When and How to perform endophlebectomy of the common femoral vein in addition to venous recanalization

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Disclosure

I have the following potential conflicts of interest to report:

- Receipt of grants/research support
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- Receipt of honoraria and travel support
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Indication (When)

- Symptomatic obstruction in iliofemoral and caval level with involvement of CFV covering the ostium of a patent deep femoral vein
Contraindication (general)

- Severe impairment of inflow (trabeculation in VF and DFV)
- Hostile groin (CVO after IV drug abusus and redo)
Endophlebectomy of CFV
Hybrid approach

16 x 120 mm Stent

14 x 100 mm Stent

Patchplastic

6 mm PTFE
Preventing the endophlebectomy of CFV

- Use this technique to prevent blocking the ostium of DFV with postthrombotic trabeculation
The endovascular and hybrid group both provided similar patency rates for patients with CVO extending into the femoral vein. The endovascular strategy has the benefit of fewer postoperative complications and a shorter procedure duration and hospital stay compared with the hybrid group.
Importance of IVUS for intraop. therapeutic decision:
Is endophlebectomy needed?

IVUS showing no trabeculation (flap) in front of DFV

IVUS showing clear trabeculation (flap) in front of DFV
Importance of IVUS for intraop. therapeutic decision
Is endophlebectomy needed?

IVUS after recanalization and predilation
Trabeculation /flap blocking the main tributary of DFV

IVUS after recanalization and predilation
No trabeculation / flap
Endophelebctomy is only needed if in a patient with extension of pathology into the FV after recanalization we still have flaps in front of the DFV, and this situation cannot be managed in endovascular manner.
How?

- The endophlebectomy should be performed distal enough /free ostium of DFV
- Use 12-14 mm dedicated venous stent
- The stent should be placed cranial to the ostium of DFV (distal landing zone)
- Use negative pressure wound dressing
- Immobilization for 2 days + pneumatic compression
- Long-term anticoagulation starting one day before the procedure
Thank you very much

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