Maximizing Clinical Outcomes

Through

Optimizing Post Procedural Care

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Disclosure

Speaker name: ..............................................................................

I have the following potential conflicts of interest to report:

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

I do not have any potential conflict of interest
Major goals

• Prevent early occlusion
  • Think Virchow

• Control post-operative pain
  • Stents, definitely dedicated venous stents with high radial force

• Diagnose re-occlusion early
  • Fresh thrombus is easier to remove
Prevent early re-thrombosis

- Anticoagulation\(^1\)
  - LMWH
  - DOACs
  - Vit. K antagonists
  - Antiplatelets
  - Combination
  - Duration between 3-6M, till lifelong

- (Pneumatic) compression
  - External calf stimulation

- Mobilization
  - 2 hours bed rest suffices
  - Calf activation is strongest flow stimulation

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Post-Stenting Pain Syndrome
Post-Stenting Pain Syndrome
Regular Follow-up US

First control next day before discharge
First visit after 2 weeks!
4 Weeks Stent occlusion
Summary

• It doesn’t stop after stenting

• Stenting however may start your problems

• Accurate surveillance allows accurate treatment
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