Hybrid venous interventions

It doesn’t stop there

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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; Straub; Bentley; 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
The CFV conundrum

Results (1-3)

- Lower patency, between 70-84% at 5Y

Discussion

- Stent design?
- Extensive disease?
  - Inflow
  - Increased stent length

Recommendations (4)

- Stenting across inguinal ligament should be avoided
- However, stenting to normal segment is more important

The CFV conundrum

Options

• Stent into diseased CFV segment
  • Predilation
  • Use IVUS
    • Find least diseased segment

• Endophlebectomy\(^1\)
  • Lymph leakage: 39%
  • Infection: 29%
  • Redo’s: circa 50% patency at 1 year

Sequence of events

- Hybrid intervention
  - Surgical desobstruction of the CFV
  - AV fistula

- Evaluation inflow
  - Balloon occlusion AVF
  - Venography through balloon
  - Venography from foot
  - Stent extension

- Re-evaluation and AVF closure
  - Additional stenting?
Stent extension after hybrid

- 65 hybrid procedures performed
  - 38 (59.4) showed insufficient spontaneous venous flow
  - No complaints (6), small caliber target vein (8), los of FU (4)

- Clinical scoring
  - VCSS 2.7 points decrease (p= 0.034)
  - Villalta 6.1 points decrease (p < 0.001)
  - Venous claudication absence in 17/18 pts

- Patency

1. Van Vuuren et al. Phlebology 2017
Key points

• Secondary single inflow vein stenting after hybrid is feasible
  • One of the most challenging recanalizations

• Hybrid intervention is not perfect
  • Several re-evaluations and re-interventions necessary
  • Identify patients that will fail and should not be intervened upon?
Hybrid venous interventions

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