Treatment of Chronic Venous Obstruction

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Disclosures

I have received consulting and speakers fees from:

Gore, Cook, BSCI, Medtronic, Optimed, Veryan, Vesper, Phillips-Volcano, BD-Bard, Vetex

I am on the advisory boards for:

Gore, Phillips-Volcano, BSCI, Vesper



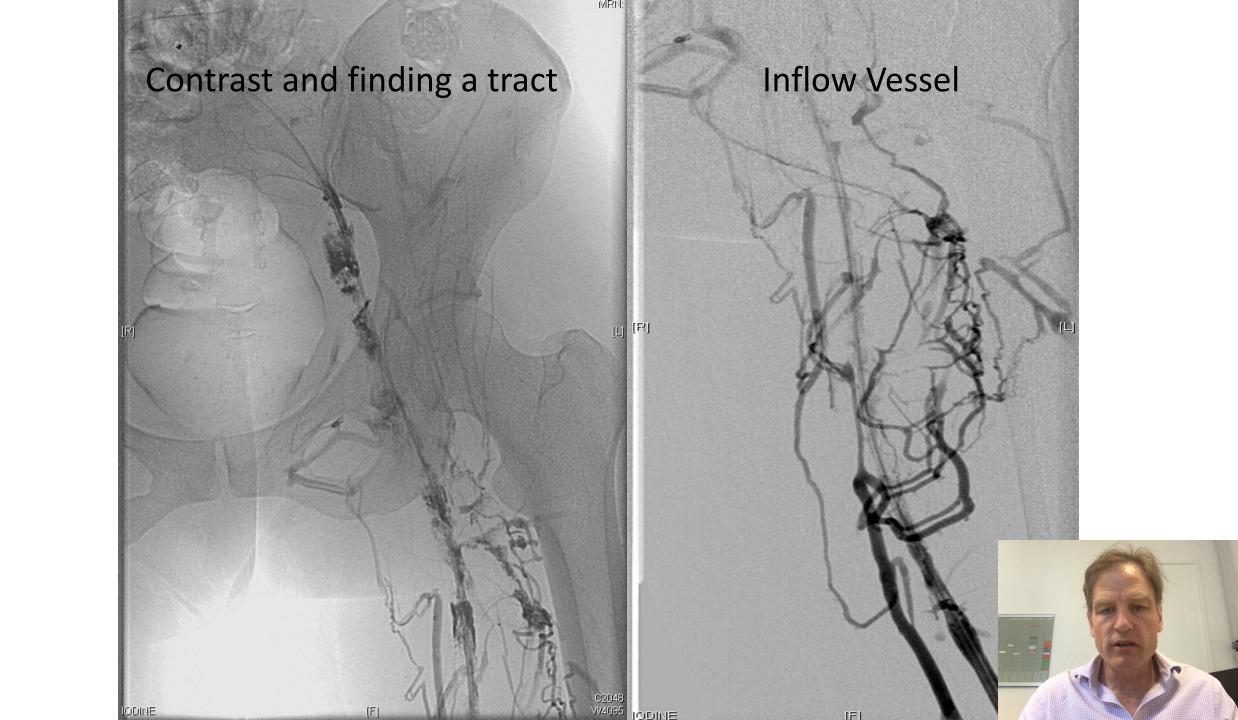
First things First

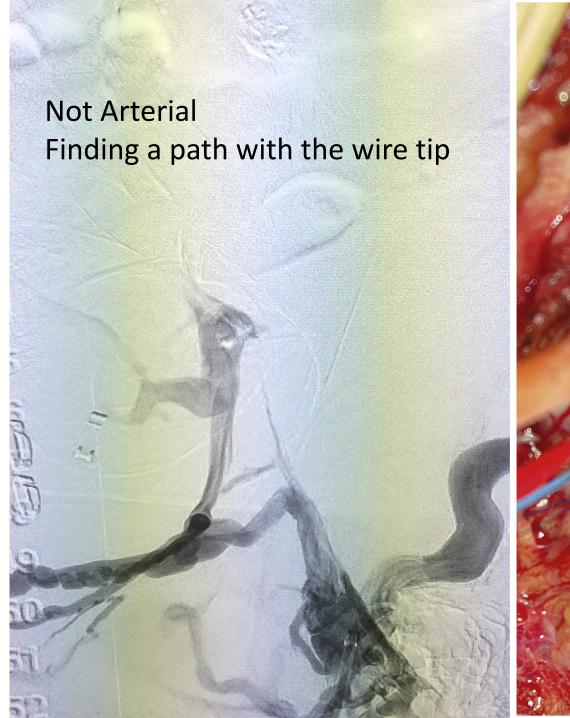
- Build a team
- Learn
- Select the right patients
- Make sure you have pathways and processes in place
- Get early wins

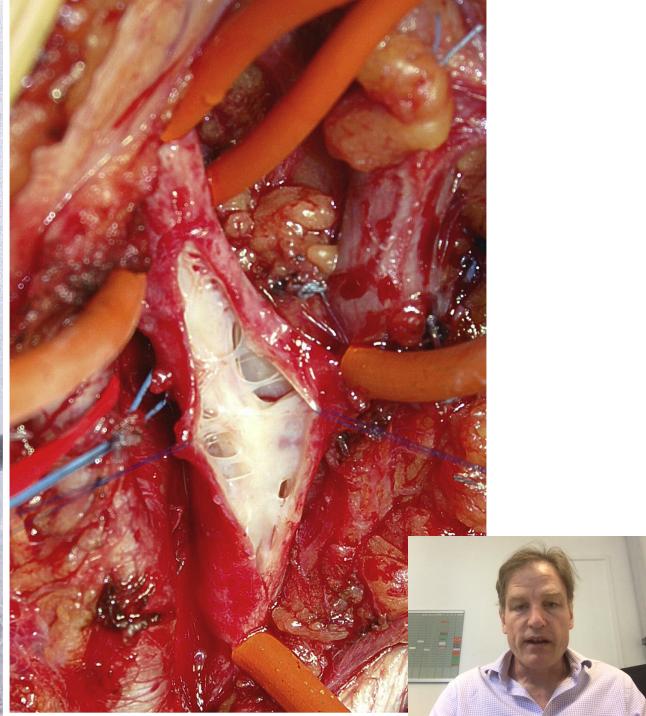










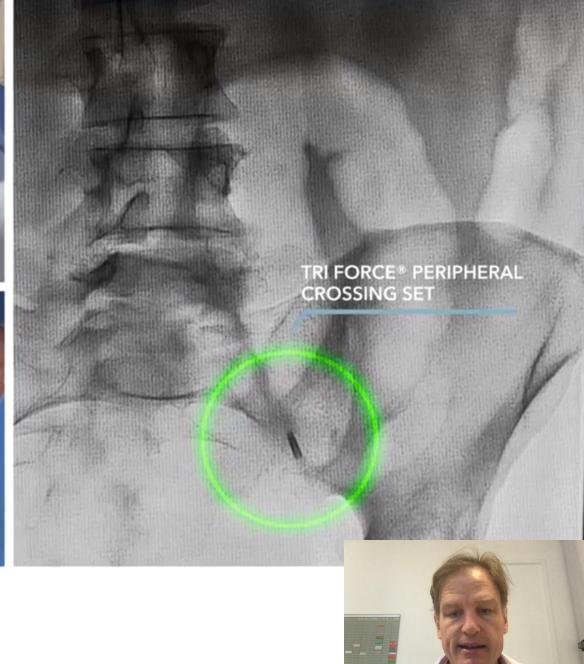


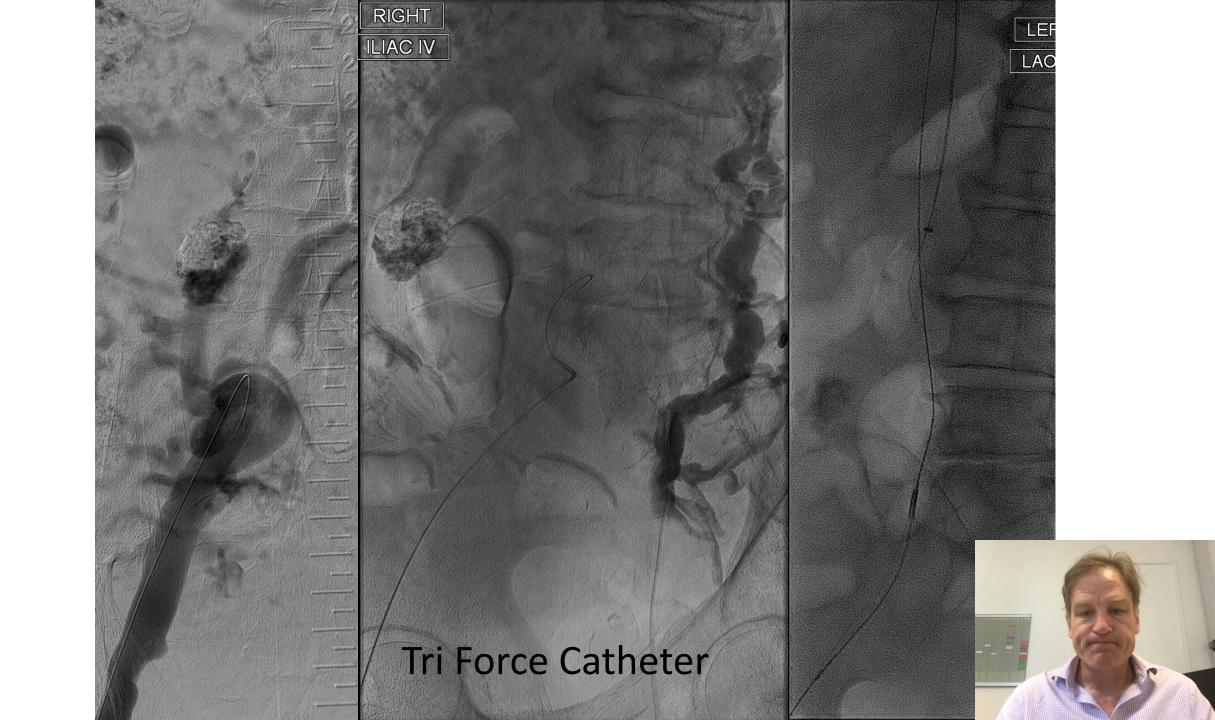






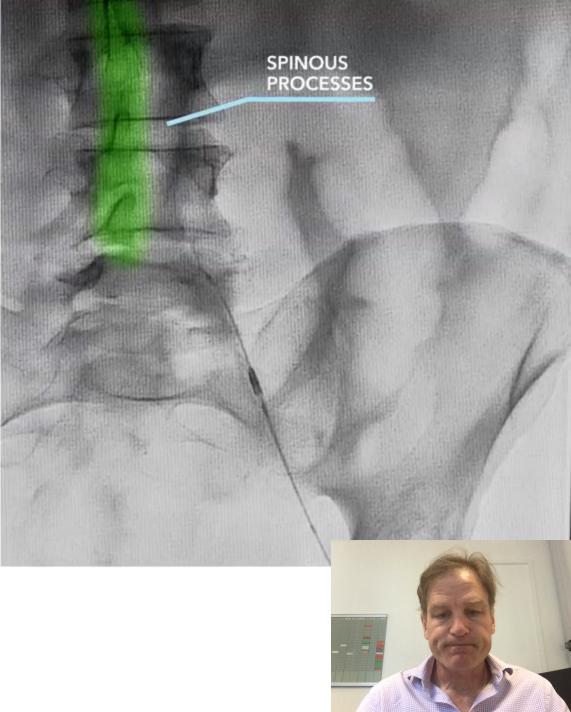






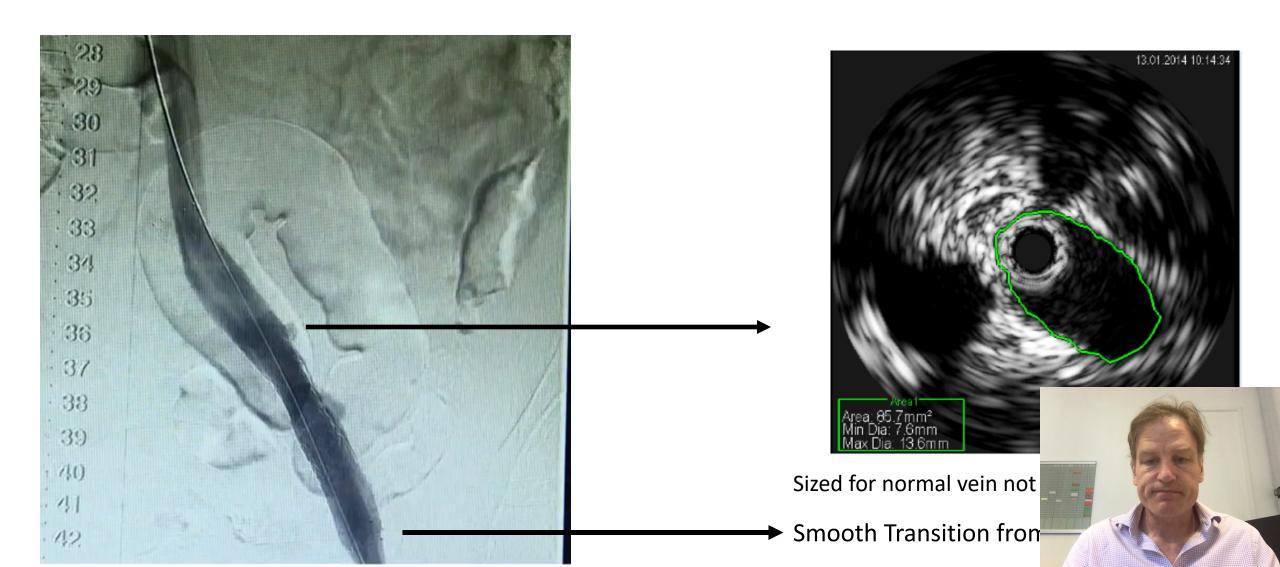


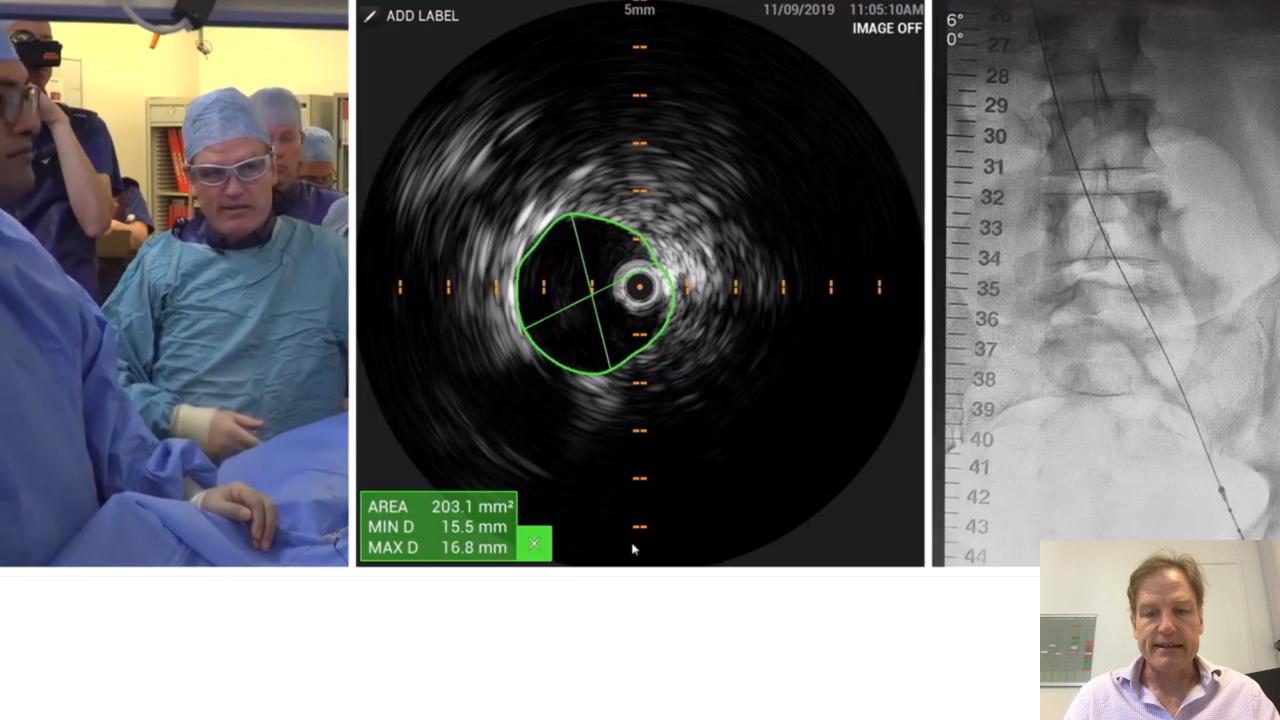




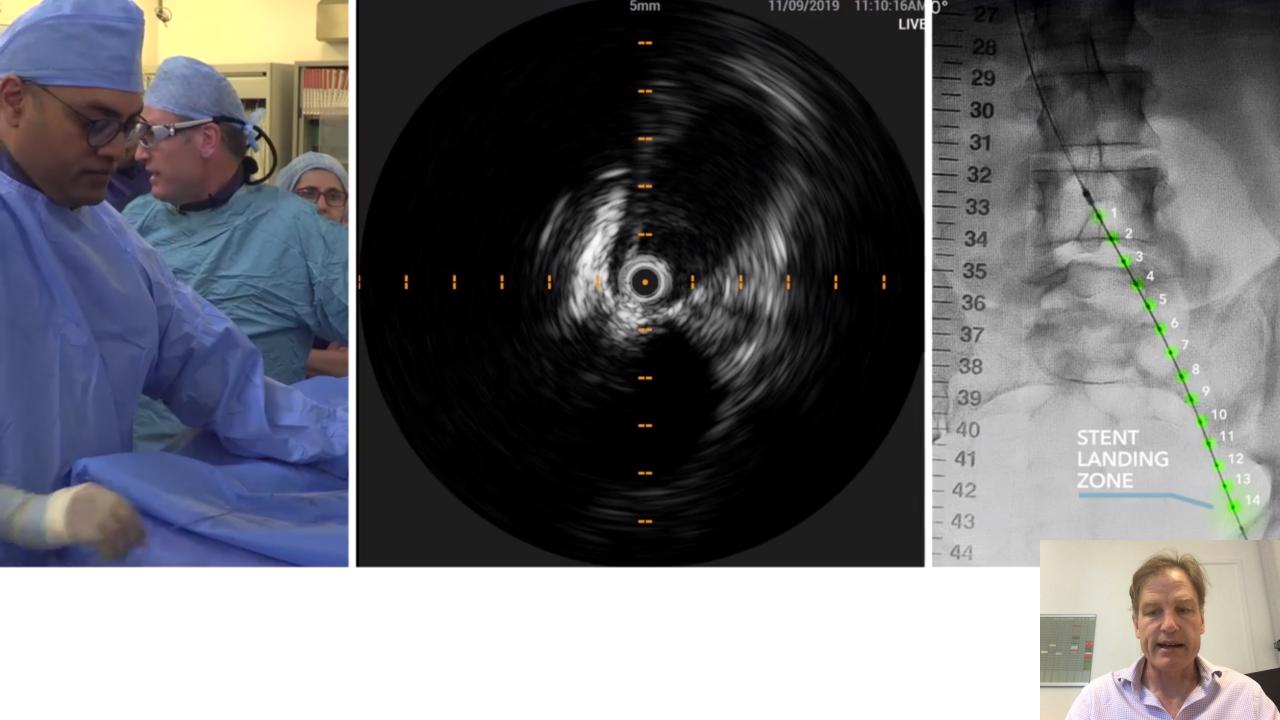


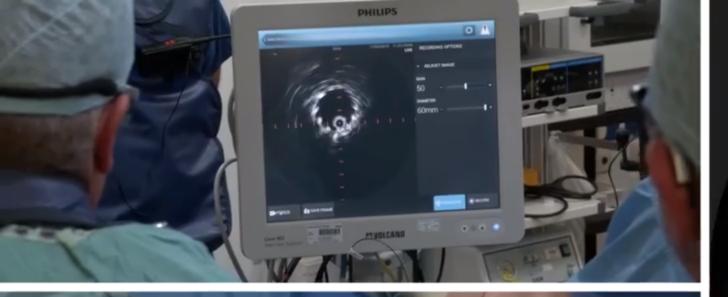
Get the Size Right!



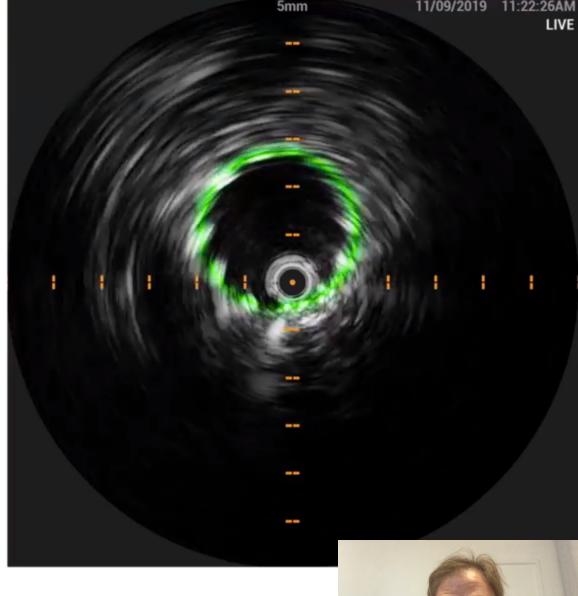






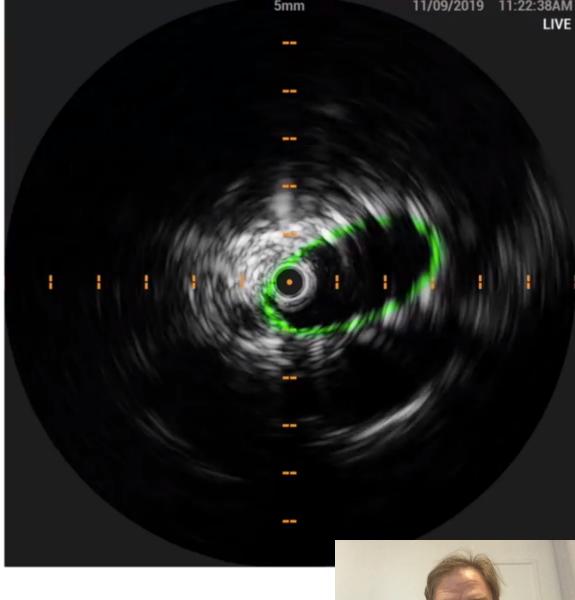




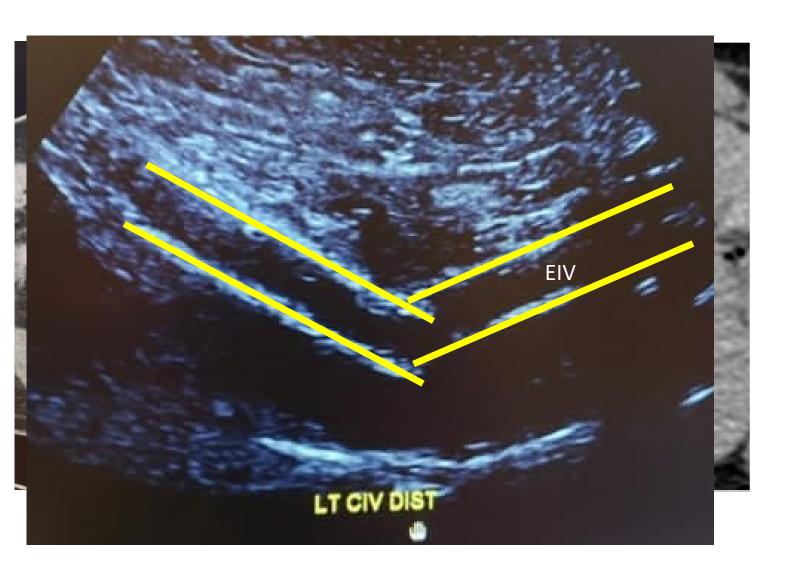


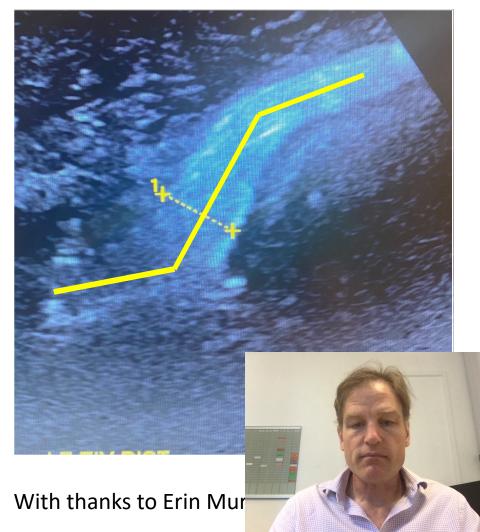


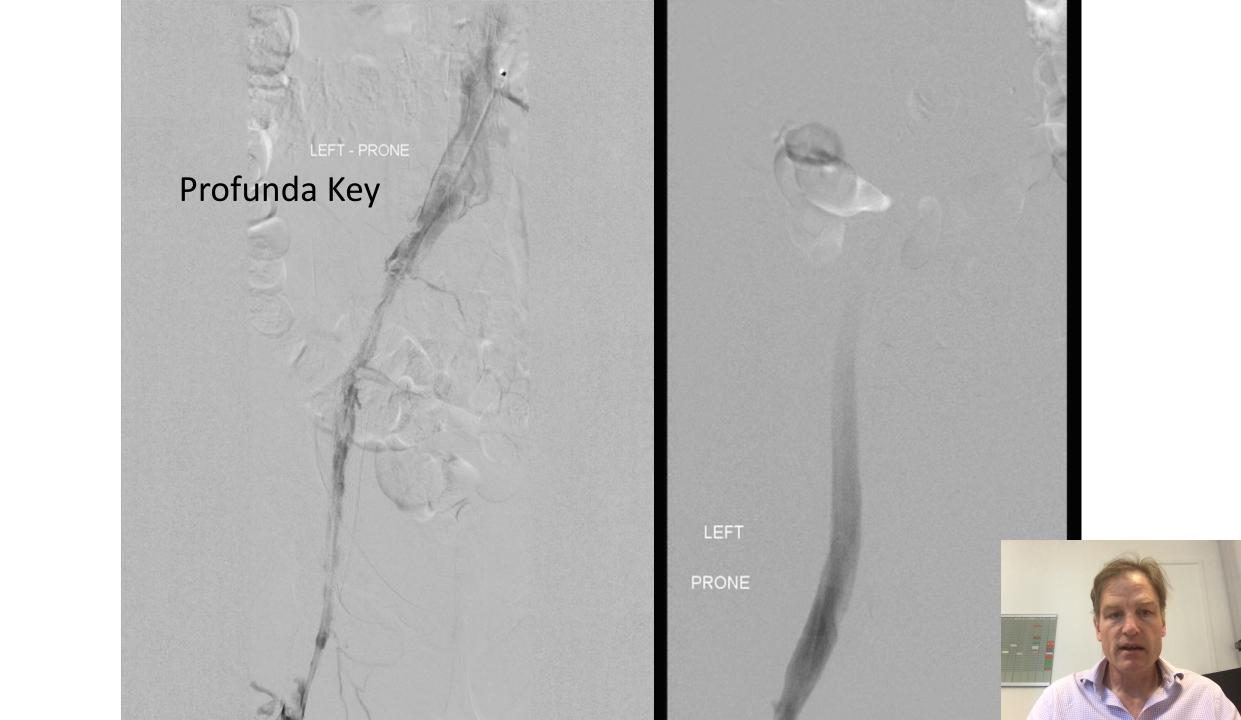




What goes wrong with big straight stents!









Good to Good

IVC Reconstruction

Double barrel

Oblique

Fenestrate



What problems have we encountered?

- Stent Migration almost exclusively small diameters/short stents or inappropriately placed
- Oversizing based on algorithms developed for wallstent potential for pain
- Fractures hardly seen in wallstent but may be more frequent with closed cell stents
- In stent stenosis a problem for all stents!
- We have no proper comparative systems (unlike Arterial)
- Our outcome measures are flawed



Conclusion

- Dedicated Venous Stents are here to stay
- Appropriate selection vital
- Initial IDE studies are all encouraging
- Recent withdrawals have highlighted we have a lot to get right
- New rules to learn
- We need rapid advancement as in arterial disease to a better language and system for better patient selection and reporting of outcomes

