DEBATE: Open Excisional Surgery For Post-Thrombotic Common Femoral Vein Obstruction (Endophlebectomy) Is Of Limited Value In the Endovascular Era

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The Inflow Issue

In an estimated 20% of post-thrombotic limbs, the profunda femoris is also involved, in which case its collateral potential to carry femoral vein flow is likely diminished.

If the lesion involves only the profunda femoris orifice per IVUS or venography, the iliac-femoral stent can be extended into the profunda femoris vein with good patency (unpublished data).

If the profunda femoris involvement is more extensive, adequate inflow in the common femoral vein may not be available to sustain the stent as the femoral vein is also occluded.


INDICATIONS

Patients with occlusion or trabeculation at CFV level with a well-developed, dilated profunda vein are selected for inflow correction by an open or endovascular technique.

Those with poorly developed profunda are managed with compression and imaged later because with duration of time, axial transformation of the profunda vein could improve.

The authors tend to prefer endovenectomy to stenting across the inguinal ligament in more severe occlusion extending across the profunda origin or in those for whom endovascular attempts have failed.


Lesser Trochanter is Landmark

INDICATIONS

Patient with Occluded 12 mm Protoge Stent
Conclusion:

If the profunda femoris involvement is more extensive, adequate inflow in the common femoral vein may not be available to sustain the stent as the femoral vein is also occluded – rare

Endovenectomy for a very select few

Thank you!