Open Excisional Surgery For Post-Thrombotic Common Femoral Vein Obstruction (Endophlebectomy) Is Standard Of Care

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Hemodynamics

Treatment in CFV obstruction is a challenge:

- Stenting alone does not secure outflow from the DFV, FV and GSV into the stented iliac tract!!

Treatment options in DVO

- Improved inflow measures when CFV involvement on MRV

CFV endophlebectomy

- Secure inflow from the GSV, FV and DFV!!

First series:

- 84 Patients
- Patients with
  - CEAP C4-6
  - Severe venous claudication
- Diagnosis of occlusion/obstruction
  - Duplex ultrasound
  - Magnetic Resonance Venography
  - Pre-procedural venography
- Patency control
  - Duplex ultrasound

Patency rate after Hybrid (n= 84 (PTA and stenting) OP’s :

- Primary
- Assisted Primary
- Secondary
QoL improvement after Hybrid stenting in Pts: Veines QoL-Sym

Δ > 6 is clinically significant!

Complications

Wound problems
- Hematoma (17%)
- Lymph-leakage (40%)
- Infection (31% (gr 1 and 2))

All temporary (max 6 weeks) problems

New Sinus-Venous (SV) stent (n=21) vs Old design stents (AS) (matched n=21): In Hybrid procedures

Influence AV fistula geometry:

Patency:
- Cranial > Caudal
Complications

- Patency
  - Stent related
    - Tapering
    - Compression
    - Straining
  - Inflow related
    - AVF geometry
    - Endophlebectomy collapse
    - Inflow vessel (FV, DFV, GSV)

20% needed stenting of the endophlebectomy segment after 6 weeks before AVF closure due to stenosis of the segment. This is the most important cause for the difference between the primary and assisted primary patency. (stent elongation)

A venous inlay is developed to prevent collapse of the endophlebectomy segment.

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8 (10%) of the patients showed a bad inflow in the endophlebectomy segment and were stented into a single inflow vessel (FV, DFV or GSV) with a 63% patency after a mean follow-up of 147 days. A primary stenting into a single inflow vessel might be considered and prevent an endophlebectomy.

Conclusion

- Endophlebectomy is a safe and successful method
- Assisted primary patency of around 90% with dedicated venous stents is very good
- Re-occlusions do not decrease the QoL!!
- Solutions for the identified problems can improve the outcome even further:
  - Inlay
  - AVF improvement
  - Other flow augmentation methods
  - Anticoagulation

Yes

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