Crossing Femoro-Iliocaval Chronic Total Occlusions: From Soft Wires To Sharp Harpoons

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Recanalization of totally occluded iliac and adjacent venous segments

38 postthrombotic limbs 1997 -2001
Distal postthrombotic changes were typically diffuse and extensive, involving 3 axial venous segments-femoral, popliteal, posterior tibial in 62%
Profunda femoris postthrombotic changes in 42%

Access Low
Begin with .035 angled-tip hydrophilic glidewire, spin rapidly with torque device

TriForce System
Need to increase column strength by adding a support catheter and guide sheath

CXI catheter
Flexor Catheter
Case 1

40 yo post-thrombotic WM
Iliofemoral DVT 10 years ago
Post-thrombotic Syndrome
L ilio-femoral vein CTO by Duplex
Office-based Lab
Femoral-iliocaval recanalization With TriForce System

Case 2
62 yo WF recurrent venous ulcer left iliac vein CTO

Confirm crossing

IVUS s/p CTO recanalization & stent

Enoxaparin for 1-3 months
Aspirin 81-162 mg daily
Case 3

80 yo post-thrombotic WF recurrent venous ulcer R ilio-femoral vein CTO

"Body-Floss"
RIJ Access & cross R CV from above

R FV Access & snare wire from below

Caution
pelvic curvature
CONCLUSION

1. CTOs come in many flavors
2. Find microchannel to avoid exit into retroperitoneum
3. Supported glidewire
4. Anticoagulation based on amount of disruption
5. Great care with the sharp aggressive devices

Thank you!