QOL After Deep Venous Recanalization Procedures: Any Relation To Patency

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Etiology of DVO

Venous hypertension:
- Deep venous insufficiency (< 90 mmHg)
- Deep venous obstruction (! > 200 mmHg)

DVO

Internal causes
- DVT
- IVC atresia
- May-Thurner
- Symptomatic
- Thrombolysis
- Ancestry

External causes
- Immobility
- Thrombophilia
- Pregnancy
- Cysts
- Ectasia

Aachen-Maastricht Experience:

- 376 patients
  - May-Thurner (98 patients)
  - PTS (202 patients)
    - Percutaneous procedure
    - PTS (16 patients)
      - Hybrid procedure
  - All VCSS, Villalta, Veines Qol/Sym
  - Patency with Duplex

May-Thurner n=98

Indications for Hybrid OP’s

- Improved inflow measures
  - Endophlebectomy (CFV involvement)
  - AV fistula

PTS (percutaneous procedures) n=202
PTS (hybrid procedure) n=76

Extensive PTS; stenting, endophtetibectomy and AVF

Patency (%)

Clinical improvement

All improve significantly

VEINES-QOL versus patency per group

VEINES-QOL (70, T48)

Primary 44.86 65.98
Secondary 48.57 61.70
Failed 47.64 44.18

Significant improvement !!
Conclusion:

Stenting in deep venous obstruction shows over 4 years:

- A sustainable improved QoL
  - Disease specific
  - Generic

- Improved clinical scores

- A good Cost-effectiveness with a QALY of 9.722

QALY = 9.722 (<< 50,000 €)