SURGICAL RECONSTRUCTION OF THE ILOCAVAL SEGMENT: WHEN AND HOW?

Peter Gloviczki, MD, FACS
Joe M. and Ruth Roberts Professor of Surgery, Division of Vascular and Endovascular Surgery, Mayo Clinic, Rochester, MN

42nd Annual Symposium
November 17-21, 2015
New York, NY

Indications
for Open Ilio-Caval Venous Reconstructions

When endovascular repair is not possible or it fails
1. Chronic iliac vein or IVC obstruction
2. Trauma
3. Excision of malignant tumors invading the iliac vein or IVC

Conflict of Interest

None

Conduits
for Open Ilio-Caval Venous Reconstructions

1. Autologous
   1. Saphenous vein
   2. Femoral vein
   3. Internal jugular vein
   4. Panel graft
   5. Spiral vein graft

2. PTFE
3. Bovine pericardial patch
4. Cryopreserved graft

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Iliac Vein Obstruction
Palma Procedure

Spontaneous “Palma” Collateral
Palma procedure with right great saphenous vein anastomosed to the left femoral vein (proximal third)

Duplex scan at 3 months after a long Palma graft. Patient is asymptomatic

Factors affecting outcome of open and hybrid reconstructions for nonmalignant obstruction of iliofemoral veins and inferior vena cava

Cumulative Patency of 25 Palma Grafts

- Primary patency
- Secondary patency

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<thead>
<tr>
<th>Time (months)</th>
<th>Number at risk</th>
<th>90%</th>
<th>75%</th>
<th>50%</th>
<th>25%</th>
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<tr>
<td></td>
<td></td>
<td>100%</td>
<td>85%</td>
<td>65%</td>
<td>45%</td>
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45 y/o female 22 years after Palma procedure
Bilateral Iliac vein + IVC obstruction
Femoro-caval PTFE bypass

Outcome of 102 patients treated with segmental inferior vena cava resection and graft replacement for malignant disease

Open Ilio-caval Venous Reconstructions Are Very Relevant!
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Learn them!
Do them!
Teach them!

THANK YOU!