Crossing Femoro-Iliocaval Chronic Total Occlusions: Graduated Support And Tinkering

Jose I. Almeida, MD, FACS, RPVI, RVT
Voluntary Professor of Surgery
University of Miami School of Medicine
Director, Miami Vein Center

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%

Begin with .035 angled-tip hydrophillic glidewire, spin rapidly with torque device

TriForce System

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

Access Low

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

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Femoral-Iliocaval recanalization With TriForce System
Femoral-iliac recanalization With TriForce System

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

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 IV 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

Thank you!