Post thrombotic syndrome (PTS).
- Defined as Leg pain, swelling after 6 mo.
- Std Rx = anticoagulation, compression
- When to intervene?
  - Life altering.
  - Lipodermatosclerosis.
  - Ulcer.

"Worst Post Thrombotic Syndrome is when BOTH obstruction, and reflux are present."
Eugene Strandness, MD

Impression: "No occlusions or acute DVT."
Enuf info? NO!!! What else?
- "fem-pop veins only partially compressible."
  - Significance = residual clot (Obstruction?)
- "no resp. phasicity" = proximal Obstruction
- "multiple channels" = synechiae (Obstructive?)
- "Reflux...fem. & popl."
So, has Obstruction (significant stenoses).
Common post-DVT Finding

1. Partially compressible.
2. Fenestrated lumen.

Why? incomplete lysis/recanalization after endogenous lysis + anticoagulation.

Femoral veins are source of obstruction to respiratory phasicity in distal veins

12/01/2010

Popliteal v. patent, fenestrated, & augments, but no phasic flow. Therefore, proximal obstruction

Fenestrated + turbulent flow = narrow channels → stenoses

Popliteal Access

08/11/2011 (8 days later)

Fenestrations and “wall thickening” can be non-occlusive Obstructions
Add: Cryoplasty after CBA

08/11/2012

Even Better post 7 mm Cryoplasty

Followup

Untreated distal popliteal has thick walls & no phasicity, likely significant stenoses

Prior Rx have cleared most proximal lesions so retrograde catheterization should reach stenoses.

As predicted → Popliteal stenoses & reachable for cutting balloon 'plasty

2/16/12

Vein compresses. Return of phasic flow.

Obstructive findings gone!

(3 mo post popliteal vein CBA)

Femoral v also improved 3 mo post final Rx

Vein compresses. Return of phasic flow.

Femoral v also improved 3 mo post final Rx

1. Synechiae down in fem. veins.
2. Phasic flow in 1, +/- in 2nd. Therefore, ↓ obstruction/PTS
Happy! Pain/swelling gone.
No recurrence of DVT!!!!

Despite decreased lovenox.

Selection for fem-pop intervention

- Best if either minimal &/or only segmental reflux.
- Phasicity best @ indicating functional obstruction.
- Fenestration with color flow best for synechiae
- Thick wall is least predictive, but can supplement with diameter measurement.
- Common femoral, and popliteal most efficacious.
- “choke points”

Thank you.