In an estimated 20% of post-thrombotic limbs the profunda femoris is also involved, in which case its collateral potential to carry femoral vein flow is likely diminished.

If the lesion involves only the profunda femoris orifice per IVUS or venography, the iliac-femoral stent can be extended into the profunda femoris vein with good patency (unpublished data).

If the profunda femoris involvement is more extensive, adequate inflow in the common femoral vein may not be available to sustain the stent as the femoral vein is also occluded.

At present, there is no reliable preprocedural or intraprocedural way to reliably estimate inflow adequacy at the common femoral vein level.


FV-S group, the incidence of occlusion on the femoral stents at 3 months and 6 months was 69%, and 89%, respectively, while in the FV-A group, 97% of all FV segments recanalised by balloon angioplasty occluded within 6 months of the procedure.

All treated femoral segments in both groups were occluded within 1 year.
Case 1

53 yo WM with multiple episodes of deep vein thrombosis had iliocaval stent placed for worsening post-thrombotic syndrome. Warfarin discontinued by PCP and patient developed recurrent LLE iliofemoral and popliteal deep vein thrombosis.

An office duplex imaging demonstrates a acute occlusion of stent extending from left common iliac vein to common femoral vein, native femoral vein and profunda femoris vein also occluded.

Left iliofemoral re-intervention restores stent patency, patient symptoms improved. Notice inflow to stent via profunda femoris vein. Femoral vein recanalized with intraluminal fibrosis.

2 years later, left femoral vein with chronic obstruction and reflux patient wanted intervention to improve venous claudication in calf.

Venogram
Patient prone Popliteal access

Pop V
PFV
FV
CVV
Recanalized EIV-CFV 16 mm Wallstent with ISR

Venogram
Patient prone Popliteal access sub FV stent

Recanalized Pop V

10 mm nitinol stent

IVUS, popliteal access

Sub-total occlusion FV

Recanalized EIV-CFV 16 mm Wallstent

Duplex at 6-months shows patent femoral vein stent, patent popliteal vein. Patient anti-coagulated on rivaroxaban

proximal FV
mid-thigh FV
popliteal vein

Case 2

31 yo s/p 5 DVT
- 3 right
- 2 left
Warfarin

R CFV Webs
R CFV Stent
venogram
gastrocnemius vein access
pre-stent

1 year later patient asking for further intervention

RLE Prone

post-stent venogram
advised to continue his warfarin INR 2-3

Land above collateral

RLE Prone

Gap

occluded at 3 day f/u

AngioJet

Shows up 4 weeks later with INR 1.4
PF vein access supine

Case 3

new inflow disease 2 yrs later

stent
Femoral vein "on a stick"

**Conclusion:**
1. Femoral Vein Stenting Fails Often And Early
2. Unchartered Waters
3. May Be Of Value In Very Select Cases

Thank you!