When stents are not enough

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FINANCIAL RELATIONSHIP DISCLOSURE: None

Venoplasty/stenting is the treatment of choice in relieving iliocaval obstruction

Open surgery of the iliocaval segment is limited to oncologic patients or trauma

In some cases (<10%) endovascular technique alone may be insufficient to provide durable patency

An open surgical approach, limited to CFV, can be required, in addition to iliocaval stenting

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Open surgery should not be confused with open access in event of catheterisation failure
Endophlebectomy
surgical removal of intraluminal fibrosis

After endophlebectomy the calibre of the vein is restored by means of a bovine pericardium patch

Indications
1) to improve the inflow
when the deep femoral system confluence is inadequate or the axial system is not preserved

Indications
2) to provide sufficient room for adequate stent expansion
If lots of rubber and hard tissue occupies the CFV its removal ensures a better stent deployment

Indications
3) to reconstruct the vein conduit when lost

When the vein wall is too damaged a new conduit can be a better option
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Hybrid procedures these operation are rarely performed alone.

Stenting is required to cover the endophlebectomy area and to treat iliac obstruction.

Open surgery and hybrid procedures are essential in PTS treatment strategy. Outcomes in complex cases can be strongly improved.

Thank you.