ANGIOVAC VENOUS THROMBECTOMY
WHO, WHEN, AND HOW
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Disclosures
• I do not have any financial relationships to disclose.

Guidance for Treatment

? Invasive Rx

Who?
• Highly individualized approach
  — Risk vs. benefit
  — ? NO tPA
• Considerations
  — Severity at presentation
  — Symptom duration
  — Life expectancy
  — Activity Level
  — Bleeding risk
  — Patient desire

Angiovac: Who and When?
• Patient factors
  — Contraindication to lytic therapy
  — Acute thrombus < 2 weeks
  — Subacute thrombus > 2 weeks
• Anatomic factors
  — Intravascular foreign material
  — RA thrombus (PE in-transit), PM lead vegetations
  — Tricuspid endocarditis
  — Large volume thrombus
  • IVC filter thrombosis, thrombus cephalad to filter
  • All patients with iliocaval thrombus may be considered

The Data
Removal of Cavai and Right Atrial Thrombi and Masses Using the AngioVac Device: Initial Operative Experience

The role of percutaneous vacuum-assisted thrombectomy for intracardiac and intravascular pathology
Craig Bosman MD | Umar Rashid MD | Yuvarajsh J. Parmar MD | Chad Kliger MD | Itshak Kronzon MD, FASE, FACC, FACP, FESC, FFAHA
• Removal-assisted right atrial infected clot extraction 3840 – due to persistent bacteremia: a percutaneous approach for the management of right-sided endocarditis
  • Mustafa Ahmed, Jaime Hernandez Montford, Evan Lau
How? The Planning

• Pre-procedure planning (US/CT/MR)
• TEE - PFO
• IVC filter
  – Above jugular sheath
  – < 1% risk PE
• Venovenous bypass
  – Jugular, femoral, bilateral
• Anatomy
  – Inflow, outflow, conduit

How?

• Venovenous bypass
  – Angiovac cannula (22Fr)
    • 26Fr sheath
    • Balloon actuated angled funnel tip
  – Reinfusion cannula (18Fr)
    – Circuit + Bubble trap
    – Centrifugal pump (2L/min)
    – Up to 6 hours
  – Adjunctive tools
    • Cleaner XT
    • IVUS/PTA/STENT

Conclusions

• Who
  – Risk:benefit
• What
  – Iliocaval / RA
• When
  – <2-4 weeks
• How
  – Venovenous bypass
  – Adjunctive tools

THANK YOU