What Is The Optimal Anticoagulant/Antithrombotic Regimen For Patients Undergoing Iliac Vein Stent

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Disclosures
• Scientific advisory board – Novate medical
• Non-compensated consultant – BTG

Case
• 50 year old man presents from OSH with LLE swelling. His LLE looks like this
• Pusles, motor function and sensation are normal
• Symptoms started 3 days ago and "are about the same" despite anticoagulation
• He says: "In the other hospital they would not do anything. I want a procedure to get the clot out"

Case Cont’d – He is found to have:

Case Cont’d – He Underwent Pharmacomechanical CDT and a Stent was Deployed

Now What? How do we Avoid Stent Thrombosis?
Or Even Thrombosis Within a Stent?

Widely patent stent

\[
\text{Stent diameter } = 1.38\,\text{cm}
\]

\[
\frac{1.65 - 0.63}{1.65} \times 100 = 62\% 
\]

Venous Stent Patency Rates are High

*CIRC J.* 2014;78(5):1234-9

* VERNACULAR trial data. Presented at VIVA 2018 by Dr. Michael Dake

Post Ilio-Femoral DVT: Variability in Care

Eur J Vasc Endovasc Surg. 2018 Apr;55(4):537-544

Despite Variability, Consensus Exists for Several Practice Related Statements:

- In a Small Series, VKA and Rivaroxaban were Equal Post Stenting, to Two Years

- My Practice (and it’s Limitations)
  - Little data to guide management
  - Dual antiplatelet agent for 1 month
  - Lifelong aspirin (or clopidogrel) thereafter
  - Anticoagulation only if DVT present –
    - If iliac vein compression – 3 months post procedure (as if provoked)
    - If etiology unclear – Long-term, even after fixing a stenosis (as if unprovoked)
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