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## IQ\_2012\_06\_venus - Report

### Ask the Expert



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#### Why is it Important to Treat DVT – What can be the Consequences of Not Doing so?

"DVT can have serious consequences: venous thrombo - embolism (VTE) is the third biggest cause of cardiovascular mortality after stroke and heart attack. Additionally, post-thrombotic syndrome affects a large proportion of patients post-DVT and is disastrous in terms of morbidity. Multiple long-term studies have shown huge medical costs and marked loss of ability to perform everyday activities such as standing or working."

#### How Common is DVT?

"Exact numbers are hard to come by, but there are about 200,000 new DVTs in the USA each year: within Europe, with an approximately comparable population, the numbers will probably be similar. Unlike arterial disease, VTE affects both young and old with devastating consequences." What are the IR treatment options, and how do they compare with alternative medical and surgical options?

"Traditional treatments are anticoagulation and rest, but these are based on trials from the late 1950s. Traditional treatments fail to prevent PTS (leg swelling, discolouration, heaviness, cramping, which may progress to ulceration, etc.) in more than 70% of proximal (ilio-femoral) DVTs.

"More aggressive interventional radiology-based therapies include catheter-directed thrombolysis, thrombectomy - my, IVC filtration, angioplasty and stenting. Although there is not as yet Level 1 evidence for these therapies, there is plenty of supportive evidence emerging. In essence, the risk of PTS is at least halved by IR-based therapy."

#### What Sorts of Outcomes do You Get from Thrombectomy/Local Thrombolysis?

"My patients recover within hours from these therapies: their leg swelling begins to improve within 4-6 hours, and they are fully mobile by the following day. Most are walking several miles by the end of the first week. I have treated several triathletes who are competing again, having been literally bedbound prior to therapy. Patient feedback has been extremely supportive – as has that of the referring clinicians. Indeed, the most supportive referrers have been my oncological and palliative care colleagues, who see patients' leg swelling decrease rapidly, enabling them to be discharged early."

Published on : Wed, 20 Jun 2012