

SAFETY AND EFFICACY OF ENDOVENOUS ABLATION IN PATIENTS WITH A HISTORY OF DEEP VENOUS THROMBOSIS


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Disclosures

- Boston Scientific – Consultant
- BD – Consultant
- enVeno – Investigator

2



Landscape




C2
C3
C4
C5
C6

3




Interplay between systems

- DVT +/- DVR + SVR
 - Does treatment help?
 - Does it lead to more complications?
 - Does it take away important collateral flow?
 - Does it make patients better OR worse?



4




Systematic review

[Review](#) | J Vasc Surg Venous Lymphat Disord. 2022;44(10):945-954.e2. doi: 10.1016/j.jvs.2021.12.087. Epub: 2022 Jan 20.


 Bright Benfor T, Eric K Padan T

A systematic review of management of superficial venous reflux in the setting of deep venous obstruction

- Try to glean information from literature
- 10 retrospective series
- **Concurrent DVR present in 12% - 81% (in seven studies)**
 - Presumably much pro-thrombotic
- 2476 limbs in 2428 patients
- Combined disease does better with stenting + ablation
 - 4/5 studies that compared ablation vs. ablation + stenting
 - Better outcomes with ablation + stenting
- So... **THERE IS SOME PRECEDENT**



5

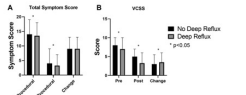
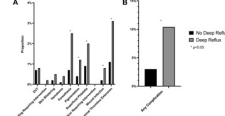


National VQI


Effect of concomitant deep venous reflux on truncal endovenous ablation outcomes in the Vascular Quality Initiative

Craig S. Brown, MD, Nicholas H. Osborne, MD, MSc, Gloria Y. Kim, MD, MPH, Danielle C. Sutzko, MD, MSc, Thomas W. Wakefield, MD, Andrea T. Obi, MD, and Peter K. Henke, MD, Ann Arbor, Mich

- Brown et al., JVS-VL, 2021
 - Varicose Vein Registry (VVR)
 - 4881 patients, 2254 (46.2%) with combined deep and superficial reflux
 - VCSS, Total symptom score both improved significantly
 - Counseling is critical, re: complications

6



NYU VQI

Li et al., JVS-VL, 2022

- 7812 limbs, 644 (7.6%) with combined deep and superficial reflux
- Assess if our experience was comparable?
- Additional chart review to assess contemporary effects on DVR

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JVS-VL, 9/2024

Safety and efficacy of endovenous ablation in patients with a history of deep vein thrombosis

- National VQI - VVR
- 33,892 endovenous thermal ablations
- Comparison of patients with and without a history of DVT
- Primary endpoints: DVT (any thrombotic event) or EHIT II-IV
- Secondary endpoints: Any EHIT, bleeding, hematoma, PE, death
- Primary efficacy endpoint: Technical success < 1 week
- Secondary efficacy endpoint: Recanalization, QOL, stratified by AC

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Safety and efficacy of endovenous ablation in patients with a history of deep vein thrombosis

Endpoint	Yes	History of DVT	No	P Value
Technical success	15,802 (33)	94,763 (52)	102,000 (33)	<.001
DVT	2,042 (14)	14,348 (15)	14,348 (14)	<.001
EHIT I-IV	2,042 (14)	14,348 (15)	14,348 (14)	<.001
EHIT I-IV (any)	2,042 (14)	14,348 (15)	14,348 (14)	<.001
Major bleeding	2,042 (14)	14,348 (15)	14,348 (14)	<.001
Hematoma	2,042 (14)	14,348 (15)	14,348 (14)	<.001
PE	2,042 (14)	14,348 (15)	14,348 (14)	<.001
Any secondary intervention	2,042 (14)	14,348 (15)	14,348 (14)	<.001

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Safety and efficacy of endovenous ablation in patients with a history of deep vein thrombosis

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Conclusions

- Future of Ablation + DVT
 - Selection bias
 - Safe and effective in a large population series
 - Counseling for slightly higher risk of DVT
 - Tailor ablation treatment to the patient
 - Tailor AC management to the patient

Safe and Effective
was never up for debate.

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THANK YOU

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