

**Open Removal of Chronically Occluded IVC and Iliofemoral Stents**

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**NO DISCLOSURES**

**Background**

- Stent failure may be multimodal
  - Post-thrombotic Syndrome
    - Inflow
    - Outflow
  - Biomechanical Stent Properties
  - Anatomic stent location
- Mechanism of failure correlates with approach to repair

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**Background**

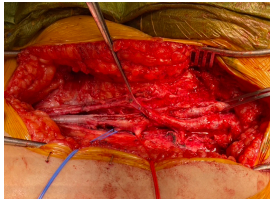
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We reserve open stent excision ONLY for C5/C6 Disease

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**Considerations**

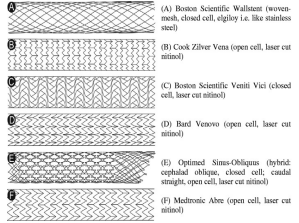

- Stent Design
- Anatomic Location
  - Common Femoral Vein
  - Iliac Vein
  - IVC



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**Stent Design**

- Manufacturing Process
  - Woven Mesh
  - Laser Cut
- Cell Design
  - Open Cell
  - Closed Cell

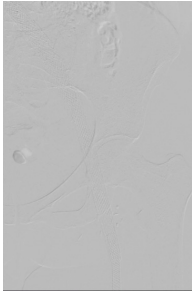
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**Common Femoral Vein**  
Single Session Intervention

- Laser Cut Stents

Staged Intervention

- Wire Mesh Stents



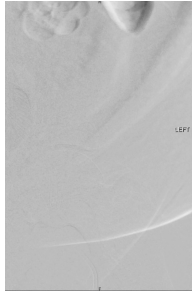
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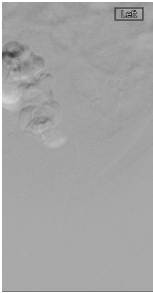
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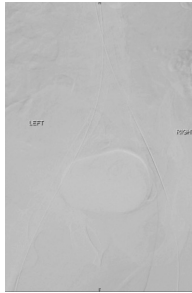
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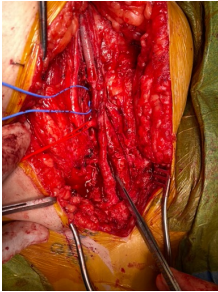
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**Common Femoral Vein**  
Single Session Intervention

- Initial Venogram
- Expose Deep Veins
- Endovenectomy
- Ascending Venogram
- Treat Inflow and Outflow



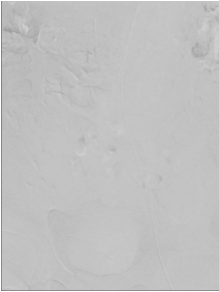
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**IVC Stent**  
Laser Cut Nitinol

- Not recommended
- Consider Supra-renal IVC Bypass

Wire Mesh

- Recommend Staged Intervention
- Single Session Possible
  - Higher Bleeding Risk



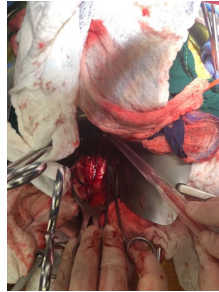
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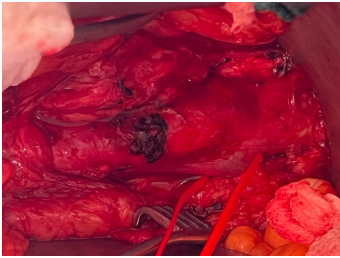
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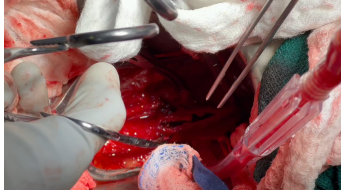
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**Iliac Vein Stents**  
Laser Cut Nitinol

- Not recommended
- Consider reline or debulking

Wire Mesh

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## Conclusion

- Resection
  - Safe and technically effective endovascular intervention
- Clinical Outcomes
  - Improved and sustained Villalta Scores
- Ulcer Healing
  - Profound impact on chronic venous stasis ulcer resolution