# When is it ok to ablate the truncal leg veins with chronic iliofemoral outflow obstruction

Houman Jalaie

Head of the European Venous Center
Department of Vascular Surgery
University Hospital Aachen

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# Disclosure

I have the following potential conflicts of interest to report:

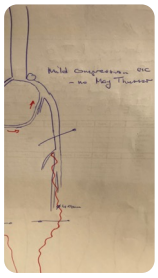
- Receipt of grants/research support
  - Medtronic, BD, Cook, Bentley, Optimed, Boston Scientific, Philips, Abbot, VeinWay
- Receipt of honoraria and travel support
  - Medtronic, BD, Cook, Bentley, Optimed, Boston Scientific, Philips, Abbott, VeinWay

# Signs & Symptoms

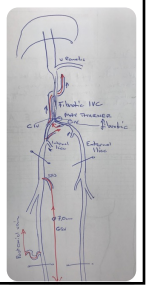
- **Superficial Reflux**:
  - Heaviness
  - Tiredness
  - Edema of the lower leg
  - Ulcer
- **Chronic venous obstruction:**
  - Heaviness
  - Tiredness
  - Edema of the entire leg
  - Venous claudication
  - Abdom. collaterals
  - Ulcer

# chronic iliofemoral outflow obstruction

**Compression**

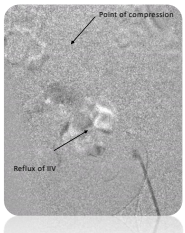


**Postthrombotic occlusion**

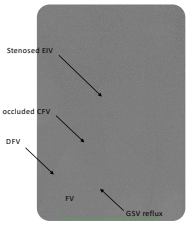


# chronic iliofemoral outflow obstruction

**Compression**

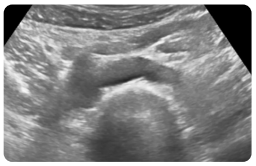



**Postthrombotic occlusion**

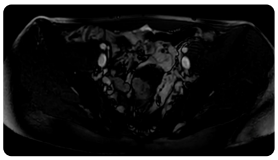



# Compression

- Duplex
  - Patient with clear compression in supine position but no compression in upright position



DUS in supine and upright position

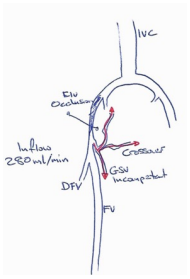


MRV in supine position

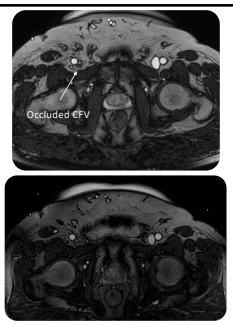
## Case

- 68y, male
- PAD
- Below the knee bypass (contralat. GSV, reversed) 2018
- Wound healing disorder
- Severe lymphorrhea (2 years)
- Hyperpigmentation, swelling of entire leg, tension, pain, venous claudication

## Case




Venous map

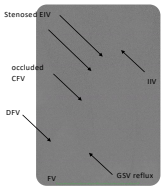



MR-phlebo

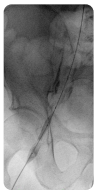
## Case

Treatment:

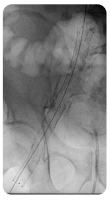
Iliofemoral recanalization with stenting (CIV, EIV and CFV)
Access: prox. FV



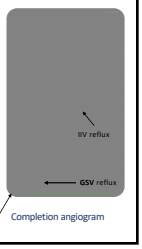

Phlebo



Predilation 14 x 40 high pressure balloon

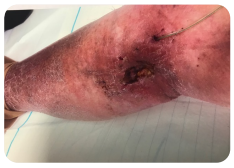


Dedicated venous stents
16 x 140 mm
14 x 100 mm

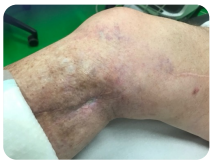



Completion angiogram

## Case



Preop photo 12th February 2020



Postop evaluation 20th May 2020

## Summary

- In patients with compression / NIVL and unclear symptoms corresponding with the compression (edema lower leg, no venous claudication) the superficial reflux should be treated first
- In patients with PTS / occlusion and symptoms & signs which correspond with outflow occlusion (venous claudication, edema entire leg) recanalization and stenting should be considered as the first choice

## Thank you

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