

DVT. Know More.

Isolated Thrombolysis for the Treatment of Deep Vein Thrombosis

Femoral Popliteal DVT Treated with Trellis-6

Physicians

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Background

A 58 year-old male presented with pain and swelling of the left leg. The patient had a prior history of DVT. Dr. Bohnn was consulted and a Duplex Ultrasound was performed to confirm the location and acuity of the thrombosis. The patient was scheduled for an Isolated Pharmacomechanical Thrombolysis Procedure with the Trellis-6 System.

Procedure

The patient was brought to the Interventional Radiology Lab and the Left Popliteal Fossa was prepped, using sterile technique. Using Ultrasound guidance, the Left Popliteal Vein was accessed. A 5Fr diagnostic catheter was placed, over the previously-placed 0.035" wire, and positioned with the distal tip at the Iliocaval junction.

A venogram of the Iliac vein and Inferior Vena Cava (IVC) were performed to confirm thrombosis position. A pull back venogram was performed by contrast injection as the 5Fr diagnostic catheter was pulled down the vessel toward the access site and clot was confirmed extending from the proximal femoral vein to the popliteal vein.

A Trellis-6 Peripheral Infusion System was exchanged for the diagnostic catheter, fed into position under venography, and the distal occlusion balloon was inflated proximal to the level of the inguinal ligament. The 0.035" guidewire was then exchanged for the Trellis oscillating wire and the distal balloon was inflated. Ten milligrams of t-PA was infused, in the presence of the oscillating wire spinning at 3000RPM for 10 minutes. Following the 10-minute period, the distal balloon was deflated and 20cc of t-PA and liquified clot was aspirated from the segment. The Trellis System's oscillating wire was then removed and the 0.035" guidewire was placed through the Trellis wire to re-establish wire access.

The Trellis System's distal balloon was then deflated and the Trellis System catheter was removed. A 5Fr Guide catheter was then placed over the wire, and following removal of the 0.035" guidewire, a venogram was performed to evaluate clot

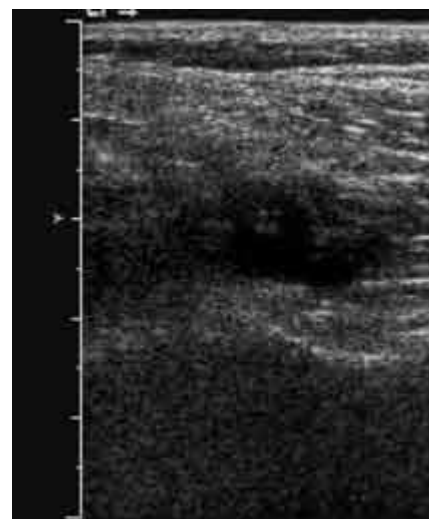


Fig. 1
Pre-procedure Ultrasound



Fig. 2
Pre-Trellis System Femoral Venogram

removal. A small stenosis was noted and treated with PTA via a 10mm angioplasty balloon.

Conclusion

Final venogram showed restoration of venous return and vessel patency. The patient did not need overnight lysis via a thrombolysis drip catheter in the ICU and was admitted for anticoagulation management post procedure. The post procedural treatment plan for this patient includes Anticoagulation until and re-evaluation in 6 months with therapeutic compression via compression stockings.

To consider your patients for Isolated Pharmacomechanical Thrombolysis please contact Dr. Byron Bohnn at 713-527-5180.



Fig. 3
Pre-Trellis System Iliofemoral Venogram



Fig. 4
Trellis System Run



Fig. 5
PTA Venogram



Fig. 6
Final Femoral Venogram

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