Catheter Directed Thrombolysis v Mechanical Thrombectomy in IF DVT: why I chose one over the other

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Disclosure

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I have the following potential conflicts of interest to report:

- Consulting
  Bard
  Boston Scientific
  Cook Medical
  Creganna
  Marvao Medical
  Medtronic
  Mermaid

Stockholder of a healthcare company

Marvao Medical, Vetex
There is a variety of literature to suggest both techniques yield equivalent results, so why one over the other?
Factors which might influence your decision

Patient factors
Imaging Findings
Hospital & Cath Lab Set up
Your personal circumstances
Patient factors

**Pro CDT**
- Unlikely to hold still for 2h+ for PMT
- Unable to go prone

**Pro PMT**
- Unwilling to accept bleeding risks of CDT
- If patient is likely to find ICU/HDU “intimidating”
Imaging findings

**Pro CDT**
- DVT from ankle to IVC
- Associated PE/RV strain
- IVC “atresia”
- If during PMT it is clear inflow to groin is compromised

**Pro PMT**
- Popliteal vein patent
- Can hold still
- Time pressure (severe phlegmasia)
- Contra-indication to prolonged lysis- brain haemorrhage, recent surgery etc etc
Hospital & Cath Lab Setup

**Pro CDT**
- Cath lab under time pressure
- Shared Cath Lab
- Easy access to HDU or ability to administer CDT on ward
- If upfront costs of catheters etc are an issue

**Pro PMT**
- Control of cath lab
- No access to HDU beds
- Costs of catheters and stents not an issue
Personal Circumstances

Pro CDT
- Functional, multi-layered Team
- Close relationship with other consultants in your discipline
- Close Relationships with other specialties
- Easy access to monitored beds
- Don’t mind odd phone calls about patient

Pro PMT
- If you prefer a solution within 2 hours
Summary

As with all aspects of vascular you need to find a solution which works for you and your patient. This is a marathon, not a sprint.
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