

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

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Disclosure

Professor Gerry O'Sullivan FRCR FRCPI FSIR FEBIR

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

CDT v PMT

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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