Strategies on the Frontline Case
Illustrative Venous Case 2

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Disclosures

- **Symposia Honoraria & Proctor Fees:**
  - Abbott, Endologix/ TriVascular
- **Symposia Honoraria:**
  - Boston Scientific, Bard, Gore, CSI, Medtronic
- **VIVA Board Member**
- **National PI/Co-PI:** Confidence, SAPHIRE WW, CANOPY
- **Research Grants, Stocks, Equity**
  - None
Case Presentation

- Tremendously pleasant 66 yo male
- Hx Htn, DM (IR), AS s/p TAVR, CAD
- s/p PPM 2008 via LSCV
- Presents w/ long-standing L arm edema
- Late studies: multiple L arm AVF’s, L arm DVT with occluded innominate vein and occluded LSC/Axillary veins
- Underwent attempted coiling L AVF’s with some coils placed
- PPM now “end of life”
- SEVERE left arm swelling and symptoms
Questions?? Thoughts?
Team Considerations

• Seen by EP (Dr. Shaffei), vascular surgery (Dr. Kappa), endovascular (CM), discussed extensively amongst TEAMS

• PLAN- with general anesthesia:
  • Place screw in Temp PM from right
  • Laser (EP) L lead removals (CTS backup)
  • AFTER L lead removal, place wire (after laser) from LSCV into RA/ IVC (EP)
  • R CFV access, “snare wire” from L SC vein
  • Access Left basilic vein (VS, endo)
IV in collateral vein

Vasc US access
L basilic vein
Snaring wire from LSCV (EP) from R CFV (Endo)

8F Shuttle sheath advanced into innominate vein over externalized wire
“Dual angiograms” via Shuttle sheath and basilic sheaths
Challenging crossing of 9 year occlusion
Crossing into brachiocephalic vein

Angio confirming intra-luminal position
Wire from left arm steered into sheath from R CFV, “externalized”
Flow re-established

Long inflations with 6, 7, 8, 9, and 10 X 100 balloons
Robust flow 😊
The Rest of the Story..

• Patient had new PPM next day on right
• MAJOR improvement in left arm symptoms and swelling
• On indefinite apixaban
• 3 month venous US widely patent L arm
• Very appreciative patient/ family
Take Home Points..

• Important to recognize large vessel DVT
• Consider mechanical factors/ obstructions AND predisposing conditions/ diseases
• For important large venous occlusions, treatment may involve removing/ treating cause of occlusion, re-establishing venous flow, long-term anticoagulation, & venous Rx
• An experienced multi-disciplinary team approach optimizes good outcomes
Thank You for Your Attention!!
Attend the conference live from your computer!

November 3-7, 2019
at Wynn Las Vegas, Nevada, USA
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